DLIFLC FORM 220 Official Transcript Request

FOR <u>DLPT/OPI ACE CREDIT</u> USE <u>DLIFLC FORM 420</u>

	Date.		
Last Name, First, MI	Maiden/Other Name(s):	Full SSN:	
Personal Mailing Address including City, St	tate and Zip Code:		
Current E-Mail:			
Program(s):* Language:	Check language program: ☐ Basic ☐ Intermediate	Check school branch: West Coast (DLIFLC)	
Graduation/Attendance date:	Advanced	☐ East Coast (Washington) ☐ Lackland ☐ Other:	
Language:	Check language program: ☐ Basic ☐ Intermediate	Check school branch: West Coast (DLIFLC) East Coast (Washington)	
Graduation/Attendance date:	☐ Advanced	Lackland	
AA Degree:(Date)	_		
Send transcripts to: (Provide complete mailing	address & the name of schools and/or	r institutions)	
To receive a student copy, check box	Please a	allow 4-6 weeks for processing.	
Upon completion, forward by mail to:	H 16: 4 B :	1/ 010 : 1	
Defense Language Institute Foreign Language (ATTN: ATFL-ASD-DA (<u>Registrar's Office</u>) Presidio of Monterey, CA 93944	Center Hand Signature Require through SAFE):	Hand Signature Required (or CAC e-signed through SAFE):	
Or electronically through Safe Access File Exchar (SAFE) https://safe.amrdec.army.mil to transcripts@dliflc.nps.navy.mil		EDIT USE DLIFLC FORM 420)	

DLIFLC website:: www.dliflc.edu

^{*} Transcripts consist of all resident courses and degrees earned at DLIFLC. IAW Army Regulation 37-30, Para 3-8, there is no fee for this service.

^{**}Privacy Act Statement: This information is solicited by authority of Title 10, USC 3012 and Executive Order 9397. SSN is used as the personal identifier in locating your training record. Personal information provided will be used to properly respond to your request for transcripts. Failure to provide this information could result in the inability of DLIFLC to respond to your request.