Defense Language Institute Request for Official Transcript (FOR ACE DLPT SCORES USE FORM 420)

(FOR ACE DEFT SCORES USE FORM 420)					Date	Date:	
Please print legit Last Name,	First,	MI	Maida	n Name:		SSN:	
Last Maine,	F 11 St,	1011	wialue.			N100	
Present							
Mailing Address:							
		NUMBER	STREET	CITY	51	ATE ZIP	
Current E-Mail:							
Program(s):*				Check language pro	oram	Check school branch:	
Language:			<u> </u>	Basic	<u>gram.</u>	West Coast (DLIFLC)	
			[Intermediate Advanced		East Coast (Washington)	
Graduation/Attendance date:			Other:				
Language:				Check language pro	ogram:	Check school branch:	
	Language	•		Basic		West Coast (DLIFLC)	
			l	Intermediate Advanced		East Coast (Washington)	
	Graduatio	on/Attendance da	te:	Other:		Other:	
	AA Degre	ee:					
	Lin Dogio	(Date)					
Send transcripts to: (please provide complete name and address)							
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To receive a <u>student copy</u> , please check box				Please allow 8-10 business days for processing.			
Upon completion, forward by mail, fax, or email to:							
Defense Language Institute Attn: ATFL-APO-AR (Registrar's Office)				Signature Required:			
Presidio of Monterey, CA 93944-5006						—	
TEL: 831-242-64	8-6455						
FAX: 831-242-51		58-5146					
WEB: www.dliflc.edu EMAIL: pres.transcripts@conus.army.mil				(FOR ACE DLPT SCORES USE FORM 420)			
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* Transcripts consist of all courses and degrees earned at DLIFLC.

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. IAW Army Regulation 37-30, Para 3-8, there is <u>no fee</u> for this service. DLIFLC FORM 220, REV 25 January 2011 Replaces 5 July 2010 Edition.