

**Privacy Act Information Provided Below**

1. Complete in its entirety.
2. Sign the Form
3. Fax to DSN 539-4240, or (804) 765-4240, or mail to\*\*:

**ALU**  
**ATTN: ATSZ-AEO-R**  
**2401 QUARTERS ROAD**  
**FORT LEE, VA 23801-1705**

The following are the contact numbers for your alphabetic category:

Last name starts with **A-F**: (804) 765 - 0090 DSN 539 - 0090  
 Last name starts with **G-L**: (804) 765 - 0785 DSN 539 - 0785  
 Last name starts with **M-R**: (804) 765 - 0092 DSN 539 - 0092  
 Last name starts with **S-Z**: (804) 765 - 4152 DSN 539 - 4152

\_\_\_\_\_  
(Date)

I have contacted the college or university listed below and they will consider granting credit for the following ALU Courses:

Course Title	Dates Attended	Mode*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*indicates Resident, AOCI, dL, On-site/MTT, correspondence, ect.

In accordance with the Privacy Act of 1974, I authorize the release of my academic record to: ( provide complete mailing address)

**COLLEGE / AGENCY COPY**

**PERSONAL COPY**


---

**Name**

---

**SSN**

---

**Telephone Number**

---

**Signature**

FT LEE FORM

July 2012

**DATA REQUIRED BY PRIVACY ACT OF 1974:**

1. Authority: Executive Order 9397.
2. Principle Purpose: Used as Student identification number.
3. Route Use: SSN is used to access and locate student record files.
4. Mandatory or voluntary disclosure and effect on individual not providing information: If SSN is not provided, Transcript will not be issued.

**\*\* Please note that turn-around for transcript requests is 7-10 working days depending upon our workload at the time of your request – please give us adequate time to process your request and get it mailed to your university or college for consideration. Thank-you.**