

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:

ALMC
 ATTN ATSZ ASO R
 2401 QUARTERS ROAD
 FORT LEE VA 23801-1705

The following are contact numbers for your alphabetical category:

Last name starts with A-F or M-R	804-765-4149	DSN 539-4149
Last name starts with G-L or S-Z	804-765-4122	DSN 539-4122

(Date)

I have contacted the college or university listed below and they will consider granting credit for the following ALMC courses.

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

*Indicate resident, AOCI, SEN, DL, onsite, contract, or correspondence.

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

COLLEGE/AGENCY COPY	PERSONAL COPY

Name

SSN

Signature

DSN Number

FT LEE FORM 402
Oct 2006

DATA REQUIRED BY PRIVACY ACT OF 1974:

1. Authority: Executive Order 9397.
2. Principal 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.

PERSONAL COPY	COLLEGE/AGENCY COPY