

Privacy Act Information Provided Below

- 1. Complete in its entirety.
- 2. Sign the Form
- 3. Email Form (Encrypted) or Mail form to address listed below:

ALU usarmy.lee.tradoc.mbx.alu-registrar-office@mail.mil
ATIN: ATSZ-AEO-R
2401 QUARTERS ROAD
FORT LEE, VA 23801-1705

Questions; please contact us at 804-765-4122.

(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, etc.

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 COP

Name

SSN

Telephone Number

Signature

ALU Transcript Request Mar 2017

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.