NEW YORK STATE | Fire Prevention and Control

State Office Campus • Building 7A, 2nd Floor
1220 Washington Avenue • Albany, NY 12226
Phone: (518) 474-6746
Fax: (518) 474-3240
Email: OFPC.Training@dhses.ny.gov

# Multiple Student Training Record Transcript Request

We, the undersigned, in compliance with the federal ***Family Educational Rights and Privacy Act (FERPA)***, authorize and give our permission to the NYS Office of Fire Prevention and Control to release a transcript of our training records to:

_____

*Print name of person or organization*

_____

*Print Address*

| Printed Name of Student | Signature of Student | Training ID Number |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Note: Transcript request must be submitted in writing. Request may be mailed or faxed to OFPC.

If you wish to have your transcript faxed, you must provide a fax #_____