



NYS Division of Homeland Security and Emergency Services

OFFICE OF FIRE PREVENTION & CONTROL

One Commerce Plaza
99 Washington Avenue, Suite 500
Albany, NY 12210-2833

Phone 518-474-6746
FAX 518-474-3240

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 DOS 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 # _____