



Training Record Transcript Request

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

(Please Print)

Name _____
Last First Middle

Training ID Number _____

Address _____
Street

_____ *City State Zip*

Phone Number (full 10 digit) _____

Email Address _____ } Please select your
Fax (full 10 digit) _____ } preferred method
of delivery

Signature _____

If you are authorizing the release of this transcript to someone other than yourself, you must provide the following information.

Person _____

Organization _____

Address _____
