



OFFICE OF FIRE PREVENTION & CONTROL

State Office Campus
1220 Washington Avenue
Building 7A, Floor 2
Albany NY 12242

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

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 _____

Fax (full 10 digit) _____

} Please select your 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 _____
