



NYS Division of Homeland Security and Emergency Services

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

Fire Department Training Records Transcript Request

I, _____, as Fire Chief/Training Officer of the _____ Fire Department
PRINT NAME CIRCLE ONE
in compliance with the Federal Family Educational Rights and Privacy Act (FERPA) request the NYS Office of
Fire Prevention and Control to release a transcript of the training records for the members of the Fire Department.

(Please Print)

Fire Department _____

FDID# _____

Address _____
Street

_____ *City* _____ *State* _____ *Zip*

Phone Number (*full 10 digit*) _____

E-mail _____

Fire Chief _____

Fire Chief Signature _____

(TO RECEIVE TRAINING RECORDS, THIS SIGNATURE IS **REQUIRED**)

Training Officer _____

Training Officer Signature _____

If you wish to have the training records emailed, you must provide an email address