



## Training Record Transcript Request

I 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 preferred method of delivery*  
Fax (*full 10 digit*) \_\_\_\_\_

Signature \_\_\_\_\_

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

Person \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_