Fire and Emergency Training Academy Request for Individual Transcript

Name	First	Middle	Last	
Social Security Number			Date of Birth	
Mailing addres	55			
City		State	Zip	
 Telephone Email:	(W)	(H)	(Cell)	(Fax)
List all Fire De	epartments and/or	Companies worked for when	training was received.	
Time Frame: <mark>Records ca</mark>		nTo from 2000 - present		
			Signature	
information transcripts. weeks for pr METHOD	is found. Also Please remit p rocessing. If y OF PAYMEN	er transcript, and the fee y b, there is a \$10.00 charge bayment along with this tr ou are a military veteran, T Payable to LASFM (Louis	for duplicate/replaceme anscript request and allo please call for pricing.	$\frac{1}{10}$ w $2-3$
Credit/Debit Card *For security purposes, we will call you to obtain Card information. Please provide the following:			Please return form to: Attn: Fire & Emergency Training Academy 6868 Nicholson Dr. Baton Rouge, LA 70820	
Contact Name		Telephone: (225) 372-6944 Fax: (225) 765-5050 Email: fetareg@la.gov Revised 10/24/2022		

Contact Phone Number