



Louisiana Fire and Emergency Training Academy Certification Program

REQUEST FOR OFFICIAL CERTIFICATION TRANSCRIPT

Individual Information:

Print Full Name: _____ Date of Birth: _____

Last 4 digits of SSN: _____ Contact Number: _____

Mailing Address: _____ City/State/Zip: _____

Email: _____ Fire Department ID: _____

Certification records are education records of individuals and are therefore protected by the Buckley Amendment of Family Educational Rights and Privacy Act of 1974.

Signature of Individual

Date

Transcripts are \$10.00 each. If requesting more than one official transcript, please include that somewhere on this form. Please allow 2-3 weeks for processing.

METHOD OF PAYMENT

☐ Check/Money Order (Payable to LASFM)

☐ Credit/Debit Card

* For security purposes, we will contact you via phone to obtain card information. Please provide the following contact information:

Contact Name

Contact Phone Number

Please return form and payment to:

Louisiana Fire & Emergency Training
Academy
Certification Office
6868 Nicholson Dr.
Baton Rouge, LA 70820
Telephone: (225) 372-6944
Fax: (225) 765-5050
Email: fetacert@la.gov

10/24/2022

For Office Use Only:

Date Received:

Date Verified: