



OFFICE OF FIRE PREVENTION & CONTROL

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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 _____

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Signature _____

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

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