

LSU Fire and Emergency Training Institute Request for Individual Transcript

Name First Middle Last

Social Security Number/Student ID Number Date of Birth

Mailing address

City State Zip

Telephone (W) (H) (Cell) (Fax)

E-mail Address: _____

List all Fire Departments and/or Companies worked for when training was received

Time Frame: From _____ To _____.

*****We keep records from 1995 to the present.
For any records prior to 1995, please check
with your department.**

Signature

There is a \$10 processing fee for each transcript request, & the fee will not be reimbursed to you if no information is found. Please remit payment with this transcript request & allow 2 – 3 weeks for processing. If you are a military veteran, please call for pricing.

METHOD OF PAYMENT

- Check/Money Order (Payable to LSU FETI)
 VISA Master Card American Express

Name as it appears on card

Card number Expiration Date

Revised: April 27, 2009

Please return form and payment to:
Transcript Request Department
LSU Fire & Emergency Training Institute
6868 Nicholson Dr.
Baton Rouge, LA 70820
Phone: 225-334-6300 or 1-800-256-3473
Fax: 225-334-6341