

**LSU Fire and Emergency Training Institute
Request For Department Transcript**

Fire Department or Company Name

Mailing address

City

State

Zip

Contact Name (Print)

Telephone

(W)

(H)

(Cell)

(Fax)

Time Frame: From _____ To _____.

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

Signature

There is a \$10.00 charge per transcript. Please remit payment along with this transcript request and allow 2 – 3 weeks for processing.

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

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