



NYS Division of Homeland Security and Emergency Services

OFFICE OF FIRE PREVENTION & CONTROL

Return completed request to:

Cattaraugus County Emergency Services

Attn: Cathi Gross

Email to CLGross@cattco.org

OR

303 Court Street

Little Valley, NY 14755

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 County Office of Emergency Services and Control to release a transcript of my training.

(Please Print)

Name _____
Last First Middle

Training ID Number _____

Address _____
Street

_____ *City State Zip*

Phone Number (full 10 digit) _____

Email Address _____

Signature _____

If you are authorizing the release of this transcript to someone other than yourself, you must provide the following information. (For example: Your Fire Chief)

Person _____

Organization _____

Address _____

Return the results to me by: (Fill in one)

Email to _____

Mail to _____
