

Homeland Security and Emergency Services

Check Appropriate Academy

- Office of Disaster Recovery
- Office of Emergency Management (OEM)
- $\hfill\square$ Office of Fire Prevention and Control (OFPC)
- Office of Interoperable Emergency Communications (OIEC)
- □ State Preparedness Training Center (SPTC)

Training History/Transcript Request

The information you provide on this form is being requested for the principal purpose of the administeration of training programs by the New York State Division of Homeland Security and Emergency Services (DHSES) and to ensure accuracy of training records. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection law and will be maintained by DHSES. For additional information, please contact the appropriate Academy listed above.

Check Appropriate Request Type:

- Individual Student Transcript Request
- Organization Transcript Request. Agency Code:
- □ Multiple Student Transcript Request (Fill in chart below)

| Printed Name of Student | Signature of Student | Training ID Number |
|-------------------------|----------------------|--------------------|
| | | N Y |
| | | N Y |
| | | N Y |
| | | N Y |
| | | ΝΥ |

Requestor: (Please print)

| Name | | | |
|--|-------------------------------|-----------------|--------|
| FIRST | ML | LAST | SUFFIX |
| Address | · · · | | |
| 016 | | | |
| City | Stat | e Zip Code (+4) | |
| Phone Number: () – | NY Training ID# (7 Digits) | | |
| (please select your preferred method of deliv Email Address: | ery) | () - | |

I, the undersigned, in compliance with the federal Family Educational Rights and Privacy Act (FERPA), authorize and give permission to the NYS Division of Homeland Security and Emergency Services to release a transcript of the training records for the member(s)/employee(s) of the department/agency to:

Signature: ____

Date: ____

Phone: (518) 292-2293 Phone: (518) 292-2351 Phone: (518) 474-6746 Phone: (518) 322-4911 Phone: (315) 768-5689