

Fire and Emergency Training Academy Request For Department Transcript

*****DEPARTMENT TRANSCRIPTS CAN ONLY BE REQUESTED AND OBTAINED BY
THE FIRE CHIEF OR TRAINING OFFICER*****

Fire Department or Company Name

Mailing address

City

State

Zip

Contact Name (Print)

Telephone (W)

(H)

(Cell)

(Fax)

Email Address for contact: _____

Time Frame: From _____ To _____.

*****We keep records from 2000 to the present.*****

Signature

There is a \$10.00 processing charge per transcript and the fee will not be reimbursed if no information is found. There will also be a \$10.00 charge for duplicate/replacement transcript. Please remit payment along with this transcript request and allow 2 – 3 weeks for processing.

METHOD OF PAYMENT (NO CASH)

Check/Money Order (Payable to LASFM (Louisiana State Fire Marshal))

Credit/Debit Card

*For security purposes, we will call you to obtain Card information. Please provide the following:

Contact Name

Contact Phone Number

Please return form to:

Attn: Fire & Emergency Training Academy
6868 Nicholson Dr.

Baton Rouge, LA 70820

Telephone: 225-334-6300

1-800-256-3473

Fax: 225-334-6341

Email: fetareg@la.gov Revised 02/16/2022