

Fire and Emergency Training Academy Request for Individual Transcript

Name First Middle Last

Social Security Number Date of Birth

Mailing address

City State Zip

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

Email: _____

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

Time Frame: From _____ To _____.

Records can be obtained from 2000 - present

Signature

There is a \$10.00 charge per transcript, and the fee will not be reimbursed to you if no information is found. Also, there is a \$10.00 charge for duplicate/replacement transcripts. Please remit payment along with this transcript request and allow 2 – 3 weeks for processing. If you are a military veteran, please call for pricing.

METHOD OF PAYMENT

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