

LSU Carrol L. Herring
Fire and Emergency Training Institute
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 1995 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 LSU FETI)

Credit/Debit Card

* For security purposes, we will contact you via phone to obtain card information. Please provide the following contact information:

Contact Name: _____

Contact Phone Number: _____

Please return form and payment to:
LSU Carrol L. Herring
Fire & Emergency Training Institute
6868 Nicholson Dr.
Baton Rouge, LA 70820
Telephone: 225-334-6300
1-800-256-3473
Fax: 225-334-6341
EMAIL: cmullenix1@lsu.edu