LSU Carrol L. Herring
Fire and Emergency Training Institute
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 _____.

*****We keep records through 1995. For any records prior to 1995, please check with your department.**

_____
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 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 Revised 11/2/18

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