

EMI Independent Study Program

TRANSCRIPT REQUEST

A TRANSCRIPT OF YOUR INDEPENDENT STUDY COURSE COMPLETIONS WILL BE SENT TO THE REQUESTING INDIVIDUAL AND TO THE INSTITUTIONS LISTED BELOW. TYPE OR WRITE LEGIBLY. PLEASE ALLOW 10 BUSINESS DAYS FOR DELIVERY VIA U.S. MAIL.

REQUESTOR

*As requestor, you automatically receive a student copy of your transcript

Full Name: _____

Address: _____

City, State & Zip Code: _____

Email Address: _____

Phone Number: _____

Social Security Number: _____

INSTITUTIONS TO RECEIVE OFFICIAL TRANSCRIPT(S):

Institution: _____

Attention (REQUIRED): _____

Address: _____

City, State & Zip Code: _____

Institution: _____

Attention (REQUIRED): _____

Address: _____

City State & Zip Code: _____

REQUESTOR'S SIGNATURE: _____

DATE: _____

MAIL YOUR REQUEST TO:

National Emergency Training Center
EMI Independent Study Program
16825 South Seton Avenue
Emmitsburg, MD 21727-8998

OR FAX TO: (301) 447-1201