

# 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, PROVIDING ALL REQUIRED INFORMATION IS INCLUDED IN THIS REQUEST. PLEASE ALLOW 10 BUSINESS DAYS FOR DELIVERY.

## REQUESTOR

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Social Security Number

## INSTITUTIONS TO RECEIVE TRANSCRIPT(S):

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Attention

\_\_\_\_\_  
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**