

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.

REQUESTOR

Full Name

Address

City, State & Zip Code

Social Security Number

Institutions to receive transcripts:

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**