

EMI Independent Study Program

Transcript Request Form

A transcript of your Independent Study course completions will be sent to you (the student), and to any Institutions you indicate below. Please type or write your information legibly. Please allow 10 business days for delivery via U.S. Mail.

**If you are requesting transcripts for a large number of students, please contact our office at 301-447-1200 or Independent.Study@fema.dhs.gov for additional completion verification options.*

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| Student Name (required): |
| Address (required): |
| City, State & Zip Code (required): |
| Phone Number: |
| Email Address: |
| Social Security Number (required): <small>Please see our website at http://training.fema.gov/EMIWeb/IS/Exams/privacystatement.asp for information on why the ssn is required.</small> |
| Student Signature (required): |
| *Only you (the student) can authorize the release of your training record(s). |

Institutions to receive Official Transcripts(s):

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

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|--------------------------|
| Institution Name: |
| Attention to (required): |
| Address: |
| City, State & Zip Code |
| Institution Name: |
| Attention to (required): |
| Address: |
| City, State & Zip Code |

Mail your request to:

National Emergency Training Center
EMI Independent Study Program OR Fax to: (301) 447-1201
16825 South Seton Avenue
Emmitsburg, MD 21727-8998