STUDENT TRAINING RECORDS REQUESTED BY CHIEF

DATE: _____

NAME OF FIRE COMPANY_____

ADDRESS_____

PHONE NO. _____

NAME OF FIRE CHIEF_____

CHIEF'S EMAIL ADDRESS _____

PLEASE CHECK ONE BLOCK:

☐ Request training records for all members of the above Fire Company.

☐ Request training record(s) for the member(s) listed below: (5 or more students, records will be put on CD & mailed)

TRAINING RECORDS WILL NOT BE FAXED

STUDENT NAME	LAST 4 DIGITS OF SSN

I understand the student training records are for my information only and cannot be disclosed to third parties.

Signature_____

MUST BE SIGNED BY THE FIRE CHIEF

SUBMIT FORM

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED:

Approved: _____

Director

DATE RECORDS RELEASED _____

RELEASED BY _____

FORWARDED BY: ☐ MAIL ☐ EMAIL

☐ IN PERSON