

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 US MAIL.

REQUESTOR (As requestor, you automatically receive a student copy of your transcript)

Full Name

Phone Number

Address

Email Address @

City, State & Zip Code

Social Security Number

INSTITUTIONS TO RECEIVE TRANSCRIPT(S):

Institution

Institution

*Attention (Required)

*Attention (Required)

Address Line 1

Address Line 1

Address Line 2

Address Line 2

City, State & Zip Code

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