

# EMI Independent Study Program

## Transcript Request

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.

Student Name (required):

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Address (required):

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City, State & Zip Code (required):

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Phone Number:

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Email Address:

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Social Security Number (required):

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**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

Institution Name:

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Attention (required):

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Address:

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City, State & Zip Code

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Institution Name:

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Attention (required):

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Address:

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City, State & Zip Code

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### **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