

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):

*Please inform the institution or employer that they are being sent a transcript

Middle East Tennessee Emergency Radio Service Inc.

Institution _____

Institution _____

Secretary: Robert Burns

*Attention (Required) _____

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City, State & Zip Code _____

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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