



# California State Fire Training



P. O. Box 944246 - Sacramento, CA 94244-2460  
Bus: (916) 445-8444

2251 Harvard Street, Suite 400  
Sacramento, CA 95815

## Request for a Student Transcript

Please check all that apply:

- This is a request for a list of all certifications/courses I have received from the Office of the State Fire Marshal, State Fire Training\*.
- This is a request for my State Fire Training Identification Number (SFT ID#).
- This is a request for all classes I have taken through State Fire Training.
- This is a request for a list of all courses I am eligible to teach as a Registered Instructors.
- Other: \_\_\_\_\_

*\*If you are requesting **copies** of certificates you will need to fill out an Application/ Fee Schedule and send it in with the appropriate fees. **Do not use this form.***

*I, the undersigned, am the person making this request for the above information. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause of denial.*

Requestors Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ALL REQUESTS MUST BE SIGNED AND INCLUDE EITHER YOUR SS# OR SFT ID #.**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Last 4 digits of SSN#: \_\_\_\_\_ -- OR-- State Fire Training ID#: \_\_\_\_\_

Dept. Name/Phone: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

### SEND RESPONSE TO:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: (optional) \_\_\_\_\_

*\*\*Processing of requests will be done on a first come, first served basis, and only if all information requested above is filled in. Student can choose to have response sent via e-mail or U.S. mail, and processing of requests may take up to two (2) weeks. Participants requesting a student record to be sent via e-mail will not receive a hard copy. \*\**