



NYS Division of Homeland Security and Emergency Services

# OFFICE OF FIRE PREVENTION & CONTROL

Return completed request to:  
Email to: [CLGross@cattco.org](mailto:CLGross@cattco.org)

OR

Cattaraugus County Emergency Services  
Attn: Cathi Gross  
303 Court Street  
Little Valley, NY 14755

## Multiple Student Training Record Transcript Request

We, the undersigned, in compliance with the federal *Family Educational Rights and Privacy Act (FERPA)*, authorize and give our permission to the County Office of Emergency Services to release a transcript of our training records to:

\_\_\_\_\_  
*Print name of person or organization*

\_\_\_\_\_  
*Print Address*

Printed Name of Student	Signature of Student	Training ID Number

Return the results to me by: (Fill in one)

Email to \_\_\_\_\_

Mail to \_\_\_\_\_

Fax to \_\_\_\_\_