



MU FRTI Transcript Request Form

Social Security or Drivers License Number _____

First Name _____ Middle Initial _____

Last Name (and suffix, i.e. Jr., Sr. etc) _____

Maiden Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Fax _____

I am requesting my official transcript from the Fire and Rescue Training Institute from July 1991 to present year.

Signature _____ Date _____

Transcript requests for dates between July 1976 and June 1991, please send another request with \$10.00 (check/money order, payable to *University of Missouri*) to:

Attn: Carol J. Heffner
211 Whitten Hall
University of Missouri
Columbia, MO 65211-1342

I give the Fire and Rescue Training Institute permission to send my official transcript to the following:

<input type="checkbox"/> Missouri Division of Fire Safety	Attention: _____
<input type="checkbox"/> Columbia College	Address: _____
<input type="checkbox"/> Other (please complete the following information...)	_____

To be completed by MU FRTI personnel only

Request received by: Mail Fax Walk-In Other

Date Printed _____ Date Sent _____

Processed by _____ Signature _____

Complete the information above and fax to: 573-882-0678; or mail to:

MU FRTI – Transcript Request – 240 Heinkel Building – Columbia, MO, 65211-1342