



Fire and Rescue  
Training Institute  
UNIVERSITY OF MISSOURI EXTENSION

# MU FRTI

## Transcript Request Form

FEMA SID or Drivers License Number  
or Last 4 Digits of Social Security 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 \_\_\_\_\_

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 <input type="checkbox"/> Columbia College <input type="checkbox"/> Other (please complete the following information...)	Attention: _____ Address: _____ _____ _____
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<b>To be completed by MU FRTI personnel only</b>	
Request received by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Walk-In <input type="checkbox"/> Other <input type="checkbox"/> Email	
Date Printed _____	Date Sent _____

Processed by \_\_\_\_\_ Signature \_\_\_\_\_

Complete the information above and fax to: 573-882-0678; email to: [ferti@missouri.edu](mailto:ferti@missouri.edu) or mail to:

**MU FRTI – Transcript Request – 2800 Maguire Blvd., C1, Columbia, MO, 65211-8200**