

Massachusetts Firefighting Academy  
P.O. Box 1025, State Road, Stow, Massachusetts 01775  
Phone: (978) 567-3200  
Email: [Registration.DFS-TM-Academy@mass.gov](mailto:Registration.DFS-TM-Academy@mass.gov)

### REQUEST FOR STUDENT RECORDS

Complete this form and email or fax it using the contact information above. You will be emailed a transcript of courses you have taken with the Academy. You may also request that the transcript be sent to another individual or institution by providing that information below. **Note:** The MFA database only holds records from late 1999 to present. Any courses taken prior to this will require additional information. **In order to ensure security, you must provide a photocopy of your license or other official photo identification to obtain your records.**

#### STUDENT INFORMATION:

|  |  |
|--|--|
| MFA STUDENT ID or LAST 4 DIGITS SS#:   |  |
| LAST NAME, FIRST NAME, MIDDLE INITIAL: |  |
| MAILING ADDRESS:                       |  |
| PHONE NUMBER:                          |  |
| EMAIL ADDRESS:                         |  |

☐ I need a record of my career recruit grades for college credit

☐ For verification of courses taken prior to October 1999 you must provide the course title and year taken

#### SEND RECORDS TO:

|                      |  |
|----------------------|--|
| NAME or INSTITUTION: |  |
| MAILING ADDRESS:     |  |
| EMAIL ADDRESS:       |  |
| PHONE NUMBER:        |  |

I hereby authorize the Massachusetts Firefighting Academy to provide the information I am requesting above to the name or institution I have listed above:

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WAIVER FOR  
REQUEST FOR STUDENT RECORDS

I, \_\_\_\_\_, do hereby authorize the disclosure and/or release of any or all of my requested records, or any part thereof to be sent to the previously named individual/organization at the address provided. This consent is given whether the said records are public, private, or confidential in nature.

I agree to indemnify and hold harmless the Commonwealth of Massachusetts, Department of Fire Services, its agents and employees from and against all claims, damages, losses, and expenses including all reasonable attorneys' fees arising out of or by reason of complying with this request.

**STUDENT SIGNATURE:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

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