

Transcript Request Form

To receive a transcript for a Metrocrest Paramedic or EMT class please print this form, complete it, and mail the form and a check for \$25.00 (to Metrocrest Medical Services) to the above address. Incomplete forms will not be processed. Allow 4 to 6 weeks for processing. You will be contacted by email when the transcript has been mailed.

Student Name: _____

Social Security Number: _____

Class Attended: (circle one) EMT-Basic/ EMT-Paramedic/ Other: _____

Class Number OR Start and End Date of Class: _____

Mail To:

Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Including an email address is optional if you wish to be notified when the transcript is prepared. Your email address will not be shared with anyone.