## **REQUEST FOR CERTIFICATION LETTER**





## Have You Previously Requested a Transcript or Letter from the Education, Training, Opportunities and Tracking Unit? Yes Down If Yes, Approx. Date of Request \_\_\_\_\_\_

Name <i>(Last, First)</i>			Maiden	Training Aca	Training Academy:		
					Transit 🗌	Housing $\Box$	
Last Rank	Tax No.		SS No.* (Last 4 Digits) *(Full SS No. if TaxDOB No. is not available)				
Home Address (Include Apt. No.)			L	City	State	Zip	
Home Phone No.			Today's Date				
Date Appointed			ice Academy Compar	ny #			
	ļ	GENCY / E	MPLOYER INF	ORMATION			
		(must be co	mpleted/ cannot b	e left blank)			
Name of Agency			Attention of				
Address							
City		State		Zip Code			

**INSTRUCTIONS:** If you omit information on this form, your application will be delayed for processing or returned to you unprocessed and your request will have to be resubmitted. The Request for Certification Letter will be mailed to your home address. Processing time for this request is approximately 10 business days.

Applications may be submitted by E-Mail: TrainingRecords@nypd.org, Fax: 718-312-5295, in Person or by Mail to the address listed below.

Candidate Assessment Division Education, Training, Opportunities & Tracking Unit, Room 833 235 East 20th Street New York, NY 10003

> Education, Training, Opportunities and Tracking Unit Phone: 718-312-4425 or 718-312-4455 Fax: 718-312-5295

FOR OFFICIAL USE ONLY:									
Date Recei	ved		Log/Serial No.						
E-mail	Mail	Reviewed By:		Date Sent	Initials				
Walk-in	Fax								