



University of Maryland  
 Maryland Fire and Rescue Institute  
 Western Maryland Regional Training Center  
 PO Box 5153  
 Cresaptown, MD 21502  
 301-729-0431 – 888-691-6143 – fax 301-729-6146  
 dsklodowski@mfri.org



Please complete and email, fax or mail.

Department Name: \_\_\_\_\_

Class Log Number: \_\_\_\_\_

Class Name: \_\_\_\_\_

Class Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

One class log number per form please.

All information **MUST** be completed for the student to be pre-registered in the class. This form must be signed by a departmental officer. Please type or print **ALL** information.

Students will be pre-registered in the order they appear below. *Use only the last five digits of students Social Security Number on this form.*

Student Proper Name	Last 5 Digits of Social Security Number	Provider ID Number	Daytime Phone Number	Date of Birth	EMT/FR Expiration Date if applicable	Email Address
	__-____		____-____-____	__-__-____	__-__-____	@
	__-____		____-____-____	__-__-____	__-__-____	@
	__-____		____-____-____	__-__-____	__-__-____	@
	__-____		____-____-____	__-__-____	__-__-____	@
	__-____		____-____-____	__-__-____	__-__-____	@

Approved by: (PRINT) \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Signature and Date: \_\_\_\_\_