Department of Homeland Security
Federal Emergency Management Agency
Center for Domestic Preparedness

Authorization and Affirmation for
Alabama Fire College

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Current Address: _____

_____

_____

Privacy Act Release

In accordance with the federal Privacy Act, 5 C.F.R. § 5.21, I authorize the release of personal and demographic information about me collected by the Center for Domestic Preparedness (CDP), which is a component of the U.S. Department of Homeland Security, Federal Emergency Management Agency, to the Alabama Fire College as needed exclusively for Pro Board and IFSAC test administration and certification, consisting of the following information: student identification number, full name, work e-mail address, date of birth, and Testing and Examination documentation.

Felony Conviction Statement

I also hereby affirm that I have not been convicted of a felony and that I am not otherwise in violation of Alabama Administrative Code 360-X-1-.01(3)(e).

In accordance with the provisions of 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

_____ _____
Signature Date