



Maine Fire Service Institute & Southern Maine Community College

CERTIFICATION MANUAL

Revised February 2, 2024

CANDIDATE'S RELEASE OF INFORMATION AUTHORIZATION

I, (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer, Program Coordinator or their designee of my organization.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature: _____ Date: _____



SOUTHERN
MAINE
COMMUNITY
COLLEGE

*A department of SMCC with statewide
responsibility for firefighting training and
the legislative authority to issue certification*

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