Student Roll Sheet

(Adapted from Mississippi State Fire Academy CEU Form)

Date of Class: _____

Student Name *(Please Print)*	Attended MSFA Before? *Select Yes or No*	Student ID# *First 3 letters last name* *First 2 letters first name* *Last 4 digits of SSN*	Organization Type *Select from drop down*	Department or Organization	Department County
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
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	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				
	◯ Yes ◯ No				

Return Form to: attendance@pdigm.com