



Request for Official Transcript

Florida Virtual School
2145 Metro Center Boulevard, Suite 200
Orlando, FL 32835
Phone: 407-513-3587
Fax: 407-513-3480

A parent/guardian signature is required prior to our release of this form. This information cannot be processed via email. You must mail or fax this form to our office. Note: Incomplete forms will not be processed.

Student name (please print) _____

Parent/Guardian name (please print) _____

Student date of birth _____

Home phone (____) _____ Parent/Guardian work phone(____) _____

Home mailing address _____

I give permission to Florida Virtual School to release ___ total transcripts.
Transcripts are sent in a specially sealed envelope. Any tampering with the seal invalidates the transcript.
Please send transcripts to the following school(s) or agencies:

1. Name of School, College, or Agency _____

PO Box or Mailing Address _____

City _____ State _____ Zip _____

To the attention of: _____ Sent on (date) _____

2. Name of School, College, or Agency _____

PO Box or Mailing Address _____

City _____ State _____ Zip _____

To the attention of: _____ Sent on (date) _____

3. Name of School, College, or Agency _____

PO Box or Mailing Address _____

City _____ State _____ Zip _____

To the attention of: _____ Sent on (date) _____

Please send one Official Transcript to my home address above: Yes No (circle one)

Parent or Guardian Signature _____ Date _____