

# FLVS Full Time Transcript Request Form

Use this form to request a copy of your FLVS Full Time 6-12 transcript. Complete, print, and submit this form by email: [flvsft612records@flvs.net](mailto:flvsft612records@flvs.net) or by fax: 407-377-8330. Signature is required. Transcripts are stamped with an official FLVS Full Time seal and signed by a school official. Only parents, guardians (for students under 18), and students age 18 or older may request the release of official transcripts.

## Student Information

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Last year student attended FLVS Full Time \_\_\_\_\_ Last grade level with FLVS Full Time \_\_\_\_\_

Is the student the requestor?  yes  no If no, please fill out the requestor information below.

## Requestor Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship of Requestor to Student \_\_\_\_\_

## Transcript Destinations

Destination 1: Name of School or Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Send on Date: \_\_\_\_\_ Attention: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

Destination 2: Name of School or Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Send on Date: \_\_\_\_\_ Attention: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

Destination 3: Name of School or Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Send on Date: \_\_\_\_\_ Attention: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

## **Parent/Guardian Approval**

By signing below, I give permission for FLVS Full Time to send transcripts to the above locations. Signature is required for processing.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Call 1-800-374-1430



flvsft.com | (800)374-1430 | 2145 Metrocenter Blvd, Suite 100, Orlando, FL 32835