

# Transcript Request Form

Use this form to request a copy of your FVES transcript. Complete, print, and submit this form by email: [flvsk12records@flvs.net](mailto:flvsk12records@flvs.net) or by fax: 407-377-8330. A signature is required. Only parents, guardians (for students under 18), and students aged 18 or older may request the release of official transcripts. **Please include an email address for the destination whenever possible.**

**Request Reason:** Please indicate the reason for needing the transcript. This information helps our team provide more tailored assistance and ensures your request is handled as efficiently as possible.

Withdrawing from FVES

Other School Application (not withdrawing at this time)

Personal Copy

Other

## Student Information

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

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

Last year student attended FVES \_\_\_\_\_ Last grade level with FVES \_\_\_\_\_

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 FVES to send transcripts to the above locations. A signature is required for processing.

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