



Transcript Request Form

Use this form to request a copy of your FVHS transcript. Complete, print, and submit this form by email: 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 FVHS Sports eligibility College/University Scholarships Personal Copy Other

Student Information

Last Name _____ First Name _____ Middle Name _____

Student's Date of Birth _____ Student's Email _____

Last year student attended FVHS _____ Last grade level with FVHS _____

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

Name _____ Signature _____ Date _____

flvsft.com | (800) 374-1430 | 5422 Carrier Drive, Suite 201, Orlando, FL 32819