Transcript Request Form
Revised 2/21/2017

FSUID or EmplID

Dates of attendance (approximate years in YYYY format)

Last Name
First Name
Middle Name
Date of Birth

Other last name(s)

Current Address
City
State
Zip

Telephone Number
Email Address

(OPTIONAL)
To receive a text message notifying you of your order status, please provide the required information below. You are responsible for any charges that might apply.

Cell Phone Number
Carrier

Transcript should be:

☐ Delivered to recipient  ☐ Picked up in person

☐ Sent now  ☐ Held for grades  ☐ Held for degree

Number of copies to be sent to this address
☐

A $10.00 fee is required for each copy.

Transcript should be:

☐ Mailed  ☐ Sent electronically (if available*)  ☐ Emailed by PDF (if available*)

Transcript should be sent to the following address:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing this request form, you agree to pay the $10.00 charge in full for each transcript prior to service being completed.

Student’s Signature  Date

Registrar Transcript Staff Only
Date Order Entered into Credentials:

Address if returning by mail:
Office of Student Business Services
Florida State University
A1500 University Center
282 Champions Way
P.O. Box 3062394
Tallahassee, FL 32306-2394

*Electronic transmission of transcripts is only available to select colleges and universities. The electronic/PDF transmission of transcripts is only available for current and former students who attended FSU after 1981.