



# Transcript Request

Revised 7/16/2008

**Contact Information:**

\_\_\_\_\_ Date of Request

\_\_\_\_\_ Last Name First Name Middle Initial FSUID FSUSN

\_\_\_\_\_ Former Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_ Current Address City State Zip

\_\_\_\_\_ Email Address Phone Number

First term entered FSU: \_\_\_\_\_ Year/Term Currently enrolled at FSU: \_\_\_\_\_ Yes/No If No, date last enrolled: \_\_\_\_\_ Date

**Transcript should be:**

- Sent now.
- Held for this term's grades.
- Held for statement of degree. If checked, expected date of graduation. \_\_\_\_\_ Year/Term
- Held until grade change processed. \_\_\_\_\_ Course Prefix and Number
- Other \_\_\_\_\_

Number of copies requested:  (There is a \$5.00 fee required for each copy.)

Transcript should be mailed to the following address: (Fill out a separate request for each address where a transcript will be mailed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address if returning via mail:  
*Office of the University Registrar  
Florida State University  
Room A3900 UCA  
282 Champions Way  
P.O. Box 3062480  
Tallahassee, FL 32306-2480*

By signing this request form, you acknowledge the \$5.00 charge for each transcript and agree to make payment in full when service is completed.

Date Sent:

\_\_\_\_\_  
Student's Signature Date