



FLORIDA STATE UNIVERSITY

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.

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

- Transcript should be:
Mailed
Sent electronically (if available\*)
Emailed by PDF (if available\*)

Transcript should be sent to the following address:
[Blank lines for address entry]

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:
[Blank line for date entry]

\* 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.