



FLORIDA STATE UNIVERSITY

Transcript Request

Revised 06/2023

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

Transcript should be:

- Mailed Sent electronically (if available*)
- Emailed by PDF (if available*) 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 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 Parchment:

* Electronic transmission of transcripts is only available to select colleges and universities.