



Veteran Transcript Request Form

Revised 04/07/2021

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:

- Delivered to recipient Picked up in person
- Sent now Held for grades Held for degree

Number of copies to be sent to this address

Transcript should be:

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

Address if returning by mail:

Student Veteran's Center
Florida State University
A4300 University Center
282 Champions Way
Tallahassee, FL 32306

Transcript should be sent to the following address:

By signing this request form, you authorize Florida State University to release your transcript to the requested recipient(s).

Student's Signature

Date

Registrar Transcript Staff Only
Date Order Entered into Credentials:

* 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.

Student Veteran's Center Certification

Certified by: _____ Date: _____