



# Transcript Request Form

Use this form to request a copy of your Florida Scholars Academy/Florida Virtual School transcript. Complete, print, and submit this form by email: [fsaregistrationteam@flvs.net](mailto:fsaregistrationteam@flvs.net) or by fax: 407-377-8181 A signature is required. Only parents, guardians (for students under 18), and students aged 18 or older may request the release of official transcripts. Please include an email address for the destination whenever possible.

### Student Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Last year student attended FSA \_\_\_\_\_ Last grade level with FSA \_\_\_\_\_

Is the student the requestor?  yes  no If no, please fill out the requestor information below.

### Requestor Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship of Requestor to Student \_\_\_\_\_

### Transcript Destinations

**Destination 1:** Name of School or Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Send on Date: \_\_\_\_\_ Attention: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

**Destination 2:** Name of School or Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Send on Date: \_\_\_\_\_ Attention: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

**Destination 3:** Name of School or Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Send on Date: \_\_\_\_\_ Attention: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

### **Parent/Guardian Approval**

By signing below, I give permission for FSA to send transcripts to the above locations. A signature is required for processing.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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