

FLVS Full Time 6-12 Transcript Request Form

Use this form to request a copy of your FLVS Full Time 6-12 transcript. Complete, print, and submit this form by email: flvsft612records@flvs.net or by fax: 407.377.8330. Signature is required. Transcripts are stamped with an official FLVS Full Time seal and signed by a school official. Only parents, guardians (for students under 18), and students age 18 or older may request the release of official transcripts.

Student Information

Student's Last Name _____ First Name _____ Middle Name _____

Student's Date of Birth _____

Last year student attended FLVS Full Time _____ Last grade level with FLVS Full Time _____

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

Requestor Information

Last Name _____ First 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 _____ Send to the attention of _____ # of Transcripts _____

Destination 2: Name of School or Agency _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Send on Date _____ Send to the attention of _____ # of Transcripts _____

Destination 3: Name of School or Agency _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Send on Date _____ Send to the attention of _____ # of Transcripts _____

Destination 4: Parent/Guardian First and Last Name _____

Email Address _____

Parent/Guardian Approval

By signing below, I give FLVS Full Time permission to send transcripts to the above locations. Signature is required for processing.

Name _____ Signature _____ Date _____

Questions? Call 800.374.1430

