



Transcript Request Form

Use this form to request a copy of your FVMS transcript. Complete, print, and submit this form by email: flvsk12records@flvs.net or by fax: 407-377-8330. 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 FVMS _____ Last grade level with FVMS _____

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 FVMS to send transcripts to the above locations. A signature is required for processing.

Name _____ Signature _____ Date _____

flvsft.com | (800) 374-1430 | 5422 Carrier Drive, Suite 201, Orlando, FL 32819