



# FLORIDA SOUTHWESTERN STATE COLLEGE

OFFICE OF THE REGISTRAR

## Veteran Transcript Request Form

\_\_\_\_\_  
BUCS ID or SSN

\_\_\_\_\_  
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 (allow 1 business day for processing)

Send now  Hold for grades  Hold for degree

Number of copies to be sent to this address

**Transcript should be:**

Mail  Send electronically (if available\*)

Transcript should be sent to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\*Electronic transmission of transcripts is only available to select colleges and universities within the Florida State College System.

Address if returning by mail:

FSW Office of the  
Registrar  
8099 College Pkwy  
Fort Myers, FL 33919

**Registrar Transcript Staff Only**

Date Order Processed:

\_\_\_\_\_  
Date Scanned & Indexed: