



Veteran Transcript Request Form

*Please Fill out the information to listed below and submit a Photo ID attachment showing your Veteran Status to complete your Veteran Transcript Form. **Instruction:** When completed please return to Registrar@fsw.edu

_____ BUCSID or SSN		_____ Dates of attendance (approximate years in YYYY format)	
_____ Last Name	_____ First Name	_____ Date of Birth	
_____ Street	_____ City	_____ State	_____ Zip
_____ Telephone Number		_____ Email Address	

Transcript should be: Select One or Both

Mail Number of Copies

Electronic Number of Copies

Transcript should be sent to the following address:

Transcript should be sent to the following email:

Transcript should be: Select

- ☐ Delivered to recipient
☐ Send now
☐ Hold for degree
☐ Picked up in person (allow 1-2 business day for processing)
☐ Hold for grades

Electronic transmission within the Florida College System is conducted via the Florida Automated System for Transmitting Education Records (FASTER).

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

Registrar Transcript Staff Only

_____ Student's Signature	_____ Date	_____ Staff Signature
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