



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.

Email: Registrar@fsw.edu

Mail to:

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

Registrar Transcript Staff Only

Date Order Processed:

Date Scanned & Indexed: