

University Registrar Use	
Date Received: _____	Date Processed: _____
<input type="checkbox"/> Mailed/USPS	<input type="checkbox"/> Electronically Sent

## Active Duty Military/Veteran Transcript Request

This form is for Florida Poly students who are active duty military, honorably discharged veterans of the United States Armed Forces, spouse and/or dependents who are eligible for a transcript fee waiver under F.S. 1009.26 (17a). The waiver will cover the \$10 official transcript fee.

You must be verified by the Registrar's Office as a student, dependent and/or spouse who meets the criteria above before the waiver can be applied.

Transcript requests will not be processed if students have an outstanding financial balance with the university or a hold preventing the release of academic records. Contact [Student Business Services](#) if you have financial questions.

**Please allow up to five (5) business days for processing.**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ EMAIL: \_\_\_\_\_@floridapoly.edu

MAIDEN/OTHER NAMES USED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: \_\_\_\_\_ (Home or Cell) EMAIL: \_\_\_\_\_@floridapoly.edu

I AM A:  Veteran  Active duty military  Spouse/Dependent

### Step 1: Transcript Process Instructions

Process/Send Now  Hold for Current Semester Grades  Hold for Degree Awarded

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Mail Paper Copy  Pickup  Other: \_\_\_\_\_

**Note:** Transcripts will automatically be sent electronically for eligible Florida schools. If the school you indicated below is not eligible, a paper copy will be mailed to the address you provide. Contact the [Registrar's Office](#) for more information.

### Step 2: Transcript Recipient *(separate form required for each additional address)*

School/Business Name: \_\_\_\_\_ Attention/Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Step 3: Student Certification

I certify I am the student named above, and authorize the release of my transcript to the recipient indicated on this form. Furthermore, I understand that I am responsible for verifying that the transcript was received by the recipient listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTRAR'S OFFICE WAIVER ELIGIBILITY VERIFICATION	
Eligibility Status is:	<input type="checkbox"/> Veteran <input type="checkbox"/> Active duty military <input type="checkbox"/> Spouse/Dependent <input type="checkbox"/> Student not eligible
Verified By:	_____ Verified Date: _____