



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

Official Transcript Request

Completed forms must first be sent to the [Student Business Services Office \(SBS\)](#) in the Wellness Center, room 1103 for payment processing. There is a **required fee of \$10 USD (per transcript)** that is due upon receipt of request. Transcript requests will not be processed or released until the transcript fee has been received, all balances on the student's ledger have been cleared, and transcript holds have been cleared. **NOTE: Eligible active duty military/veteran's should use the Active Duty Military/Veteran Transcript Request Form when requesting official transcripts.**

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

TRANSCRIPT REQUEST SUBMISSION & PAYMENT OPTIONS
1. In-Person: Submit request and payment to SBS in-person at the Wellness Center, room 1103.
2. Via Mail: Mail in request with payment via check or money order payable to: Florida Polytechnic University Mail to: Florida Polytechnic University, Student Business Services, 4700 Research Way, RM 1103, Lakeland, FL 33805
3. Via Email: Send request via email to SBS at: sbs@floridapoly.edu ; once your request is received, they will bill your account, and then you may pay the required fee through your CAMS account. After payment is received SBS will notify the Registrar's Office so the transcript can be processed.

LAST: _____ FIRST: _____ MI: _____

STUDENT ID: _____ EMAIL: _____@floridapoly.edu

MAIDEN/OTHER NAMES USED: _____ DATE OF BIRTH: _____

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

Step 1: Transcript Process Instructions

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

Mail Paper Copy
 Pickup Paper Copy
 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 that I am the student named above and authorize the release of my transcript to the recipient indicated on this form. I understand that I must pay the transcript fee before my transcript can be released. Furthermore, I understand that I am responsible for verifying that the transcript was received by the recipient listed above.

Student Signature: _____ Date: _____

STUDENT BUSINESS SERVICES USE			
Date Transcript Fee Paid: _____	Receipt Ref#: _____	Fee Received By: _____	
Complete as applicable: <input type="checkbox"/> Student Ledger Paid <input type="checkbox"/> Hold Removed		Effective Date: _____	