

COLLEGE OF GOLF

Keiser University

GED TRANSCRIPT REQUEST FORM

Please Print All Information Requested

Test Center Location

Street Address

City

State

Zip

Approximate Date Of GED Testing

Diploma Number, If Known

Social Security Number

Date Of Birth

Name Used At Time Of Testing

The following individual has applied for admission to our university.

Signature of Examinee

I understand that my signature permits the release of my transcript to the designated recipient.

Name

Present Address

City

State

Zip

Please send a copy of my transcript to:

Keiser University College of Golf
2600 N. Military Trail
West Palm Beach, FL 33409
1-888-355-4465 • Fax: 772-343-1845