

# COLLEGE OF GOLF

## Keiser University

### REQUEST FOR HIGH SCHOOL TRANSCRIPT

Please Print

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Year Graduated High School

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Birth Date Social Security #

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(Maiden) Last Name First Middle

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Name of High School Address Address

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City of High School State Zip Code

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Student's Signature Date

Send Official Transcript to Registrar at:  
**Keiser University College of Golf**  
2600 N. Military Trail  
West Palm Beach, FL 33409  
1-888-355-4465 • Fax: 772-343-1845