

KEISER UNIVERSITY GRADUATE SCHOOL
Request for Official College Transcripts

PLEASE PRINT

_____-_____
Years Attended College/University (from/to)

_____/_____/_____
Birth Date

_____-_____-_____
Social Security Number

Last Name

First Name

Middle Name

Maiden Name (if applicable)

Name of the College/University

Address of the College/University (street, building, and room number)

Address of the College/University (city, state and zip code)

Note: Student educational records are protected by the Family Education Rights and Privacy Act of 1974, and as such require a student's written permission to be released.

I _____ hereby authorize _____
Student Name Name of the College/University to release an
Official Copy of my academic transcripts to
Keiser University.

STUDENT SIGNATURE DATE

Attention: Registrar Department
KEISER UNIVERSITY
1900 West Commercial Blvd.
Fort Lauderdale, Florida 33309
(954) 318-1620 – (888)7KEISER (753-4737)

***It is the student's responsibility for having official transcripts sent to Keiser University from their former institution(s) by the end of the student's first semester.**