

# COLLEGE OF GOLF

## Keiser University

### GED TRANSCRIPT REQUEST FORM

Please Print All Information Requested

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Test Center Location

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Street Address

City

State

Zip

---

Approximate Date Of GED Testing

Diploma Number, If Known

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Social Security Number

Date Of Birth

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Name Used At Time Of Testing

The following individual has applied for admission to our university.

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Signature of Examinee

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

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Name

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Present Address

---

City

State

Zip

Please send a copy of my transcript to:

**Keiser University College of Golf**

**1860 Fountainview Blvd.**

**Port St. Lucie, FL 34986**

**1-888-355-4465 • Fax: 772-343-1845**