

COLLEGE OF GOLF

Keiser University

REQUEST FOR HIGH SCHOOL TRANSCRIPT

Please Print

Year Graduated High School

Birth Date Social Security #

(Maiden) Last Name First Middle

Name of High School Address Address

City of High School State Zip Code

Student's Signature Date

Send Official Transcript to Registrar at:
Keiser University College of Golf
1860 Fountainview Blvd.
Port St. Lucie, FL 34986
1-888-355-4465 • Fax: 772-343-1845