



Start Date

GED TRANSCRIPT REQUEST FORM

Please Print

Month/Year
Approximate Date of Testing

Date of Birth

Social Security Number

Maiden Name

Current Last Name

First Name

Middle Name

Test Center Location

Street Address

City

State

Zip Code

Testing Site Phone Number

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

Signature of Examinee

Date

Please send Transcripts to:

Attn: Registrar
Keiser Career College (address checked)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Greenacres Campus
6812 Forest Hill Blvd.
Suite D-1
Greenacres, FL 33413
(561) 433-2330 Phone
(561) 433-9825 Fax | <input type="checkbox"/> St. Petersburg Campus
11208 Blue Heron Blvd.
Suite A
St. Petersburg, FL 33716
(727) 576-6500 Phone
(727) 576-6589 Fax | <input type="checkbox"/> Miami Lakes Campus
17395 NW 59 th Ave.
Miami Lakes, FL 33015
(305) 820-5003 Phone
(305) 820-5455 Fax |
| <input type="checkbox"/> New Port Richey Campus
6014 US Highway 19 North
Suite 250
New Port Richey, FL 34652
(727) 847-6855 Phone
(727) 846-8137 Fax | <input type="checkbox"/> Jacksonville Campus
6700 Southpoint Parkway
Suite 400
Jacksonville, FL 32216
(904) 448-9499 Phone
(904) 448-9270 Fax | |