# KEISER CAREER COLLEGE
# REQUEST FOR HIGH SCHOOL/GED/COLLEGE TRANSCRIPTS

HIGH SCHOOL TRANSCRIPT REQUEST FORM:

Name :_____ _____
Last First Middle Maiden

Social Security #: _____Date of Birth: _____

School Name: _____ Month/Year Graduated: _____

High School Address: _____

_____

I understand that my signature permits the release of my transcripts/records to the designated recipient.

**Student Signature: _____ Date: _____**

OUT OF STATE GED TRANSCRIPT REQUEST:

Name :_____ _____
Last First Middle Maiden

Social Security #: _____Date of Birth: _____

Testing Center Name: _____ Testing Date: _____
Month/Year

Center Address: _____

_____

I understand that my signature permits the release of my transcripts/records to the designated recipient.

**Student/Examinee Signature: _____ Date: _____**

COLLEGE:

Name :_____ _____
Last First Middle Maiden

Social Security #: _____Date of Birth: _____

College Name: _____ Year Attended/Graduated: _____
Month/Year

College Address: _____

_____

I understand that my signature permits the release of my transcripts/records to the designated recipient.

**Student Signature: _____ Date: _____**
**Send transcripts to:**

**( ) KCC Greenacres Campus**
**6812 Forest Hill Blvd. D-1**
**Greenacres, FL 33413**
**(561) 433-2330 Phone**
**(561) 433-9825 Fax**

**( ) KCC St. Petersburg Campus**
**11208 Blue Heron Blvd. #A**
**St. Petersburg, FL 33716**
**(727) 576-6500 Phone**
**(727) 576-6589 Fax**

**( ) KCC Miami Lakes Campus**
**17395 NW 59th Ave.**
**Miami Lakes, FL 33015**
**(305) 820-5003 Phone**
**(305) 820-5455 Fax**

**( )New Port Richey Campus**
**6014 US Highway 19 North, #250**
**New Port Richey, FL 34652**
**(727) 847-6855 Phone**
**(727) 846-8137 Fax**

**( ) Jacksonville Campus**
**6700 Southpoint Parkway, Suite 400**
**Jacksonville, FL 32216**
**(904) 448-9499 Phone**
**(904) 448-9270 Fax**

**( ) KCC Tampa Branch Campus**
**15453 N. Dale Mabry Highway**
**Tampa, Florida 33618**
**(813) 961-2837 Phone**
**(813) 264-1634 Fax**

***For Official Use Only:***
***Start Date:_____*** ***Check #:_____*** ***Date Mailed #1:_____***

***2nd Request:_____***