

Keiser University Transcript Request Form

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED

Date: _____

PLEASE READ, COMPLETE FORM AND INCLUDE YOUR SIGNATURE BELOW.

In order to process a transcript request, all debt to the University must be paid in full and the student record must be complete. A \$5.00 transcript processing fee is required. All payments must be made to the Bursar.

Student Name: _____

Student ID or SSN: _____ Student Date of Birth: _____

Current Phone Number: _____ other number: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: _____ (from) _____ (to)

I REQUEST MY OFFICIAL TRANSCRIPTS BE SENT TO

Name: _____

Institution or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

I REQUEST TO PICK-UP MY OFFICIAL TRANSCRIPTS

Please check one:

I will pick up my transcript

I authorize _____ to receive my transcript.*
(full name of authorized person)

* will be required to present photo ID

I REQUEST DELIVERY BY CERTIFIED MAIL

Please check below, and pay additional fee to the Bursar

Certified mail \$5.00

Student Signature: _____

Registrar Signature: _____ Date Processed: _____