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: ______________

Revised 02/2020