## SOUTHEASTERN COLLEGE (formerly 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:		N	1onth/Year Gradua	ted:
High School Address:				
I understand that my sigr	nature permits the	release of my transcri	pts/records to the	designated recipient.
Student Signature:		r	Date:	
OUT OF STATE GED TRAN	ISCRIPT REQUEST:			
Name :				
Last	First	Middle	Maiden	
Social Security #:		Date of Birth:		
Testing Center Name:			_ Testing Date:	(Month/Year)
Center Address:				
I understand that my sigr	nature permits the	release of my transcri	pts/records to the	designated recipient.
Student/Examinee Signa	ture:		Date:	
COLLEGE:				
Name : Last	First	Middle	Maiden	<del></del>
Social Security #:		Date of Birth:		
College Name:		\	/ear Attended/Grad	duated:
College Address:				
I understand that my sigr				designated recipient.
Student Signature:		[	Date:	
Send transcripts to:				<del></del>
( ) West Palm Beach Main Car 2081 Vista Parkway #100B West Palm Beach, FL 33413 (561) 433-2330 Phone (561) 689-5980 Fax	16120 US Clearwat (727) 576	water Branch Campus 6 Highway 19 N er, FL 33764 6-6500 Phone 6-6589 Fax	( ) Miami Lakes 17395 NW 59 <sup>th</sup> / Miami Lakes, FL (305) 820-5003 (305) 820-5455	. 33015 Phone
( )New Port Richey Branch Cai 6014 US Highway 19 North, #2 New Port Richey, FL 34652 (727) 847-6855 Phone (727) 846-8317 Fax	50 6700 Sou Jacksonv (904) 448	onville Main Campus thpoint Parkway, Suite 400 ille, FL 32216 8-9499 Phone 8-9270 Fax	( ) Tampa Brand 5225 Memorial Tampa, Florida (813) 961-2837 (813) 264-1634	Highway 33634 Phone
For Official Use Only:	ett. u	<b>.</b> .	a Mailad #4.	and D
Start Date:	Check #:_	Dat	e Mailed #1:	2 <sup>nd</sup> Request: