



Transcript Request Form

Date of Request: _____

Student Name: _____

Student ID: _____

Location of Study:

San Diego Campus Irvine Campus Las Vegas Campus 100% Online

Program of Study: _____

Number of Transcripts: _____

Type of Transcript:

Official (\$25.00 per transcript)

Transcript should be sent:

Delivered to a US address (Including the apartment number if there is any)

Address: _____ City: _____

State: _____ Zip: _____ Contact Phone Number: _____

Delivered outside of the US address (Additional International courier fee of \$85)

Address: _____ City: _____

Zip: _____ Country: _____ Contact Phone Number: _____

Check here if you would like to have your official transcript to be sent to Southern States University Admissions.

Student Signature: _____

***Upon completion, please email this form to the Registrar at registrar@ssu.edu in PDF format. All other formats will be rejected.**