



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)

Address Transcript should be sent:

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.

FOR OFFICE USE ONLY

Bursar Signature: _____ Date: _____

Registrar Signature: _____ Date: _____