



**SOUTHERN STATES**  
UNIVERSITY

**Transcript Request Form**

**Date of Request:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Location of Study:**

San Diego- Fashion Valley Campus

Newport Beach Campus

100% Online

**Program of Study:** \_\_\_\_\_

**Number of Transcripts:** \_\_\_\_\_

**Type of Transcript:**

Unofficial (Free)

Official (\$25.00 per transcript)

**Address Transcript should be sent:**

\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

\*Upon completion, please email this form to the Registrar at [wdu@ssu.edu](mailto:wdu@ssu.edu) in PDF format. All other formats will be rejected.