



TRANSCRIPT REQUEST FORM

Student Name: _____ **Date:** _____

Student Address: _____

Program Name: _____

Start Date: _____ **Graduation Date:** _____

Fee per Transcript: \$100 USD (Plus mailing cost if outside the U.S.)

Number of Transcripts Requested: _____

Return Address (If different from Above):

Payment Methods (Check one):

PayPal _____

Send to: mcardenasjr@sdgku.com

Bank Transfer _____

Send to:

Bank Name: BANK OF AMERICA
Account Name: SanDiegoGlobalKnowledgeUniversity
Account Number: 27794-66834
Routing # or ABA: 122000661
Swift Number: BOFA US3N
Bank Address: 2295 Otay Lakes Rd., Suite 109
Chula Vista, CA, 91915, US

Certified Check _____

Mail to: San Diego Global Knowledge University
1095 K Street, Suite B
San Diego, CA 92101
USA



S A N D I E G O
GLOBAL KNOWLEDGE
U N I V E R S I T Y

1095 K St., Suite B
San Diego, CA. 92101
U.S.A.
Tel: (619) 934-0797
www.sdgku.edu

*****FOR OFFICE USE ONLY (DO NOT FILL OUT THIS SECTION)*****

REQUEST: APPROVED _____ DENIED _____

DATE: _____

Signature and Title of Institutional Official:
