Office of the Registrar
SABA University School of Medicine
R3 Education Inc.
27 Jackson Road, Suite 301
Devens, MA 01434
Fax: 978-862-9699

ENROLLMENT VERIFICATION REQUEST

By submitting the completed form this authorizes SABA University to release information for the purpose as specified below and to the individual or agency.

There is no charge for enrollment verification. Processing time 2-3 business days.

Last Name:_____ First Name_____ MI ____

Student ID: _____ Date: _____

Student Signature: _____

Enrollment verification for the following purpose:

☐ Health Insurance ☐ Car Insurance Discount ☐ Gym Membership Discount

☐ Travel Discount ☐ Other _____

Send to the following by:

☐ Regular first class delivery – Allow extra time for international mail delivery
☐ Fax

_____
Name

_____
Street

_____
City State/Prov Zip/Postal

_____
Country

_____
Fax