

TRANSCRIPT REQUEST FORM



SABA University School of Medicine  
c/o R3 Education Inc.  
Office of Registrar  
27 Jackson Road, Suite 301  
Devens, MA 01434

Regulation Governing the Issuance of Transcripts

- (1) Financial obligations to the school must be met before transcripts are released.
- (2) All transcript requests must be in writing. Due to confidentiality purposes, transcript request by telephone or email will not be accepted.
- (3) Transcript fee is \$10 per copy. Added fees apply for overnight delivery
- (4) Standard service: Allow 3 to 5 business days for processing.  
Rush service: Added fees apply for standard overnight Fed-Ex delivery.  
Within the US \$25 – Outside the US \$35
- (5) Payment by check or money order in US funds made payable to SABA University School of Medicine must accompany request. Credit cards are not accepted.

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ Dates of Attendance \_\_\_\_\_

Check One:  Issue transcript at once  Hold for semester grades  Hold for conferred degree

SIGNATURE \_\_\_\_\_

Please Send To: \_\_\_\_\_ If applicable AAMC ID# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**OFFICE USE ONLY**

Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Release Transcript \_\_\_\_\_ Hold Transcript \_\_\_\_\_