



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

## TRANSCRIPT REQUEST FORM

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

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Last Name First Name MI

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Permanent Address

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City State/Prov Zip/Postal Code

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Phone Email address

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Social Security Number Dates of attendance Number of copies

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

**SIGNATURE** \_\_\_\_\_

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Telephone number:

<b>OFFICE USE ONLY</b>			
Fee Paid \$ _____	Date Approved _____	Hold Transcript _____	Date Processed _____
Rev. 5.14			