



Office of the Registrar
Saba University School of Medicine
c/o R3 Education Inc.
27 Jackson Road, Suite 301
Devens, MA 01434
Fax: 978-862-9699 – Email: registrar@saba.edu

ENROLLMENT VERIFICATION REQUEST

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

There is no charge for the enrollment verification. Processing time 3-5 business days.

Student Name: _____
Last First MI

Student ID: _____ Date: ____/____/____

Student Signature: _____

Enrollment verification for the following purpose:

- Health Insurance Car Insurance Discount Gym Membership Discount
 Travel Discount Jury Duty Other _____

Please check one only:

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

Recipient Name

Street

_____/_____/_____
City State/Prov Zip/Postal code

Country (if not US)

_____/_____
Fax E-mail