



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

OFFICIAL TRANSCRIPT REQUEST FORM

- (1) Financial obligations to the school must be met before transcripts are released.
- (2) All transcript requests must be in writing. Official transcripts are for Programs, other Universities and Licensing Boards.
- (3) Transcript fee is \$10 per copy. Added fees apply for overnight delivery
- (4) 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
- (5) Include a check or money order in US funds made payable to:
Saba University School of Medicine. Credit cards are not accepted.
- (6) Allow 3 to 5 business days for processing.

_____/_____/_____
Last Name First Name MI

Permanent Address

_____/_____/_____
City State/Prov Zip/Postal Code

(____)____/_____
Phone Email address

____-____-____ _____ _____
Social Security Number Dates of attendance Number of copies

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

SIGNATURE _____

Send to:

Recipient

Address

_____/_____/_____
City State/Prov Zip/Postal Code

Telephone number:

OFFICE USE ONLY

Fee Paid \$ _____ Date Approved _____ Hold Transcript _____ Date Processed _____