SABA UNIVERSITY
School of Medicine

GRADE REPORT/TRANSCRIPT REQUEST FORM

27 Jackson Road, Suite 301 Devens,
Massachusetts 01434, USA

It is the policy of Saba University School of Medicine to send Official Transcripts ONLY to designated colleges, recognized institutions and/or employers. We DO NOT send official copies to students. All copies released directly to the student are in the form of Grade Reports.

Issuance of Transcripts

1. All requests must be in writing using this form. Official Transcripts are for end institutions, programs and other universities. Grade reports are for students/former students and graduates record only.
2. All official transcripts are $10; no charge for standard delivery; Fed Ex delivery (physical address required – no PO Boxes) is an additional $25 to US location and $35 to all other locations.
3. Payment by money order or check in US dollars made out to Saba University School of Medicine will be processed within three (3) to five (5) business days. NO REQUEST WILL BE PROCESSED WITHOUT PAYMENT. Mail payment to: Saba University School of Medicine c/o St. Matthew's University, 11486 Corporate Blvd., Suite 120, Orlando, FL 32817. Credit cards are accepted: follow instructions at https://sites.google.com/saba.edu/payments-saba-university/home or contact studentaccounts@saba.edu for other options.
4. Added fees apply for overnight delivery (no PO Box option for overnight delivery). Within the U.S., an additional $25 fee is applicable, inquire with studentaccounts@saba.edu for costs of rush delivery outside of U.S.
5. Allow 3 – 5 business days to process. Form must be emailed to registrar@saba.edu if wire transfer or online payment is made. If mailing Bank Check, money order or personal check, please mail the for with the payment.

Personal Information

Last name: _____ First name: _____ MI: _____

Perm. Address: _____

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

Dates of Attendance: _____ to _____ Phone number: _____

Email Address: _____

Check One: Issue at Once Hold for semester grades Hold for degree conferral

Recipient Information

Recipient: _____

Physical Address or email: _____

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

Phone number: _____

Office Use Only

Office Use: Fee paid $ _____ Date approved _____ Date Processed _____

Initials _____ Self pay _____ Title IV _____ Semester paid Through (w/year) _____