

<u>Medical University of the Americas</u> <u>Transcript Request Form</u>

Office of Registrar 27 Jackson Road, Suite 302 Devens, Massachusetts 01434, USA

It is the policy of Medical University of the Americas 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.

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 requests by telephone or email will not be accepted.
- (3) Transcripts can be purchased at the rate of \$10 per copy.
- (4) <u>Payment by money order or check in **US dollars** will be processed within three (3) to five (5) business days. NO REQUEST WILL BE PROCESSED WITHOUT PAYMENT. Credit cards are not accepted.</u>
- (5) Added fees apply for overnight delivery. Within the U.S., an additional \$25 fee is applicable, please inquire for costs of rush delivery outside of U.S.

Student Name			
Address			
City		State	Zip
Phone ()	Ema	il Address	
		Dates of Attendance	
Check One: ☐ Curi	rent Student 🛚	Past Student	
Check One: ☐ Issue	e Transcript Nov	w ☐ Hold for Semester Grades	☐ Grade Report (No Fee)
Signature			
		Please Print Legibly	
Send to:			
Contact Name:		Institution Name:	
Address			
Grade Reports, Plea	se Check One: N	Iail to Permanent Address □	Send Via E-Mail □
Paid \$	Date	OFFICE USE ONLY Release Transcript Holo	l Transcript