

Saint James School of Medicine

TRANSCRIPT REQUEST FORM

Anguilla Campus: Albert Lake Drive, The Quarter, A-1 2640, Anguilla • Phone: 773-765-4697 • Fax: 264-497-5125

Bonaire Campus: Plaza Juliana 4, Kralendijk, Bonaire, Netherlands Antilles • Phone: 599-717-2150 • Fax: 599-717-2151

St. Vincent Campus: Cane Hall, Saint Vincent and the Grenadines

Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
Phone: (800) 542 1553 • Fax: (847) 298 2539 • Web: www.sjsm.org • Email: Records@mail.sjsm.org

STUDENT INFORMATION

Full Name: _____ Student ID#: _____

Mailing Address: _____

Phone: _____ Email: _____

Please check all appropriate boxes

<input type="checkbox"/>	Number	<input type="checkbox"/>	Current SJSM Student	<input type="checkbox"/>	Send Immediately	<input type="checkbox"/>	Anguilla
<input type="checkbox"/>	of copies	<input type="checkbox"/>	Former SJSM Student	<input type="checkbox"/>	Hold for Current Term Grades*	<input type="checkbox"/>	Bonaire
<input type="checkbox"/>	requested	<input type="checkbox"/>	Alumnus		*Posted 4 weeks after end of term	<input type="checkbox"/>	St. Vincent

WHERE TRANSCRIPT SHOULD BE SENT

**** A separate form must be completed for each institution or recipient. ****

**** SJSM has up to 30 days to complete each request. ****

Name of the institution or intended recipient

Address

City

State

Zip

PLEASE SELECT TYPE OF TRANSCRIPT BELOW:

OFFICIAL

There is a \$25 processing fee for each transcript.

Official transcripts are for educational institution purposes only.
Printed on security paper with school seal and official signature.

OR

UNOFFICIAL

There is no charge for unofficial transcripts.

Unofficial transcripts are informal transcripts that may be issued upon request of the student/alumnus. Printed on plain paper without a seal.

Student Signature: _____ Date: _____

Please Note: Transcripts will not be released if the student has an outstanding financial obligation to SJSM. Please clear all financial obligations with SJSM before making your request.

SEND COMPLETED FORM TO:

Via Mail: Human Resource Development Services Inc.
1480 Renaissance Drive, Suite 300
Park Ridge, IL 60068

Via Fax: (847) 298 2539 • **Via Email:** Records@mail.sjsm.org

FOR OFFICE USE ONLY

Approved Denied

\$25 Paid: _____

(Registrar's Office) Signature: _____

Date: _____

Copy to: Records Financial Aid