Saint James School of Medicine

TRANSCRIPT REQUEST FORM

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#:_____

Phone:_____ Email: _____

Please check all appropriate boxes

☐ Number of copies requested

☐ Current SJSM Student
☐ Former SJSM Student
☐ Alumnus

☐ Send Immediately
☐ Hold for Current Term Grades*
*Posted 4 weeks after end of term

☐ Anguila
☐ Bonaire
☐ St. Vincent

☐ **RUSH PROCESSING OPTION**
Processed within one business day of receipt of payment and approval. Shipping time 2-3 days.
ADDITIONAL FEE: $25 Domestic Recipient or $50 International Recipient

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 Fax:*** (847) 298 2375 • ***Via Email*:** Records@mail.sjsm.org
Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

FOR OFFICE USE ONLY

Approved ☐ Denied ☐ Fee Paid:_____

(Registrar's Office) Signature: _____ Date:_____