

Please fill out and return to:
academicservices@uag.edu
Write N/A when answer is uncertain or unknown.
ALLOW 2 TO 4 WEEKS FOR PROCESSING

PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		MM	DD	YYYY
CURRENT ADDRESS			CITY	STATE	ZIP CODE			
PHONE NUMBER	E-MAIL		CURRENT POSITION		UAG ID#			

CATALOG OF SERVICES

All documents will be sent electronically, unless paper documents are requested

Qty. <input type="checkbox"/> Transcript <input type="radio"/> English <input type="radio"/> Spanish ----- \$50 <small>*Only the Programs of Medicine are available in English</small>	Qty. <input type="checkbox"/> Verification of Medical Education ----- \$30 <small>(For Licensure)</small>
<input type="checkbox"/> Translation ----- \$70 <small>(per page)</small>	<input type="checkbox"/> Verification of Education ----- \$30 <small>(For Employment and Benefits)</small>
<input type="checkbox"/> Dean's Letter <input type="radio"/> English <input type="radio"/> Spanish ----- \$10	<input type="checkbox"/> Express Carrier (UPS/FedEx) ----- \$ <input type="text"/>
<input type="checkbox"/> MSPE ----- \$50	<input type="checkbox"/> Letter of Academic Status <input type="radio"/> English <input type="radio"/> Spanish ----\$10 <small>(For Employment and Benefits)</small>
<input type="checkbox"/> International Credential Verification ----- \$30 <small>(ECFMG)</small>	<input type="checkbox"/> Notarized Verification of Medical Education ---- \$100 <small>(Puerto Rico only)</small>
Other: <input type="text"/> \$ <input type="text"/>	

MAILING INSTRUCTIONS FOR DOCUMENTATION

Electronic documents

ATTN: E-MAIL:

Paper documents

ATTN:

MAILING ADDRESS: CITY: STATE: ZIP CODE:

For 3rd party request: Please attach a signed Release of Information; which state that the Student/Alumni has given you/your company the right to retrieve personal information on their behalf and any other forms that need to be completed by the UAG.

- Returned checks are subject to a \$33.00 service fee and must be resolved as soon as possible.
- Refunds for cancellation of services are subject to a \$25.00 service fee.
- UAG/IEP is not responsible for lost or undeliverable shipments. If lost or undelivered requesting party must complete and pay for a new request.

I have read and understand the above policy of UAG/IEP and I agree to be bound by its terms.

By checking this box, I authorize UAG School of Medicine to include my information in the Alumni Directory and share it as specified in the directory guidelines.

Initials: Date:

MM DD YYYY

If the service or document you are requesting is not listed above, please attach said form.