

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"/> Medical Board Licensure Documents ----- \$30 <small>(For Medical Board Licensure)</small>
<input type="checkbox"/> Translation ----- \$70 <small>(per page)</small>	<input type="checkbox"/> Verification of Medical Education ----- \$30 <small>(For Employment and Benefits)</small>	<input type="checkbox"/> Dean's Letter ----- \$10	<input type="checkbox"/> Express Carrier (UPS/FedEx) ----- \$50
<input type="checkbox"/> MSPE ----- \$50	<input type="checkbox"/> Letter of Academic Status ----- \$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>

MAILING INSTRUCTIONS FOR DOCUMENTATION

Electronic documents

ATTN: _____ E-MAIL: _____

Paper documents

_____ ATTN: _____

_____ 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.

Initials: _____

Date: _____

MM DD YYYY

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