DIPLOMA REQUEST FORM

UNIVERSITY REGISTRAR

Congratulations on your graduation!

UNIVERSITY of CALIFORNIA, IRVINE

	pick-up your diploma: Complete the strvice Window. You are required to presen		gn and submit this fo	rm to the University Registrar	
an via	have your diploma mailed to you: Cord submit it to University Registrar through registered USPS mail and require a returnay be signed for upon receipt. Diplomas a	h email or fax. Both domestic n receipt signature. <u>You must</u>	and international mai provide a mailing add	lings of diplomas are sent dress where your diploma	
se	authorize a designee to pick up your detion. Sign and submit this form to the Unesent a valid photo ID.	•			
	Self Pick-up Mail my diploma	Authorized Pick-up			
rmation	Student Type (select all that applies): UG Grad Law Med		Date of Birt	h:/	
Student Information	Name on UCI records (Last, First, Middle)		 Undergradua	Undergraduate Student ID # (if known)	
Stı	Current Name (if different) Grad/Law		Grad/Law/M	ed Student ID # (if known)	
	Send my Diploma to this mailing Addres	s:			
ig Address	Send my Diploma to this mailing Addres Name (First Middle Last)	s:			
na Mailing Address		s:		Update your address information via <u>StudentAccess</u> . If you cannot access StudentAccess, select the following option to update your	
Diploma Mailing Address	Name (First Middle Last) Street Address City	State Zip	o Code / Postal Code	via <u>StudentAccess</u> . If you cannot access StudentAccess, select the	
Diploma Mailing Address	Name (First Middle Last) Street Address		o Code / Postal Code	via <u>StudentAccess</u> . If you cannot access StudentAccess, select the following option to update your address on your student records. Update my address on file	
	Name (First Middle Last) Street Address City	State Zip Contact Email my signature below,		via <u>StudentAccess</u> . If you cannot access StudentAccess, select the following option to update your address on your student records. Update my address on file	
Authorization Diploma Mailing Address	Name (First Middle Last) Street Address City Contact Phone By completing this section and with r	State Zip Contact Email my signature below,	ny diploma(s).	via StudentAccess. If you cannot access StudentAccess, select the following option to update your address on your student records. Update my address on file with this address.	

- Email completed form to Registrar@uci.edu
- Fax completed form to (949) 824-7896

Student signature:

Date: