

DIPLOMA REQUEST FORM

UNIVERSITY REGISTRAR

UNIVERSITY of CALIFORNIA, IRVINE

Congratulations on your graduation!

To pick-up your diploma: Complete the student information section. Sign and submit this form to the University Registrar Service Window. You are required to present a valid photo ID.

To have your diploma mailed to you: Complete the student information section and the diploma mailing section. Sign and submit it to University Registrar through email or fax. Both domestic and international mailings of diplomas are sent via registered USPS mail and require a return receipt signature. You must provide a mailing address where your diploma may be signed for upon receipt. Diplomas are mailed within 2-4 weeks after receiving your Diploma Request Form.

To authorize a designee to pick up your diploma: Complete the student information section and the authorization section. Sign and submit this form to the University Registrar via fax or email. Your authorized designee is required to present a valid photo ID.

☐ Self Pick-up ☐ Mail my diploma ☐ Authorized Pick-up

Student Information

Student Type (select all that applies):

☐ UG ☐ Grad ☐ Law ☐ Med

Date of Birth: ____ / ____ / ____

Name on UCI records (Last, First, Middle)

Undergraduate Student ID # (if known)

Current Name (if different)

Grad/Law/Med Student ID # (if known)

Diploma Mailing Address

Send my Diploma to this mailing Address:

Name (First Middle Last)

Street Address

City

State

Zip Code / Postal Code

Contact Phone

Contact Email

Update your address information 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.

Authorization

☐ By completing this section and with my signature below,
I am authorizing the following individual as my designee to pick-up my diploma(s).

Name of Authorized Representative: _____

I authorize the UCI University Registrar to release my diploma as instructed on this form.

Student signature: _____ Date: _____

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