

REQUEST for OFFICIAL TRANSCRIPTS

UC IRVINE · UNIVERSITY REGISTRAR

Use this form only if you are (a) a visiting Summer Session student or (b) a self-supporting degree program student.

Students only attending UCI's Division of Continuing Education should go to <u>https://ce.uci.edu/resources/academic/transcripts/</u>. All other students covered by the document fee should order transcripts here: <u>https://www.reg.uci.edu/services/transcripts/</u>.

Name on UCI records (Last, First, Middle)	Undergraduate S	itudent ID # (if known)
Current Name (if different)	Graduate Studen	t ID # (if known)
Current Street Address	Date of Birth:	/ /
City State Zip Cod	le Social Security #	(optional, not required)
Phone Number Email Address Former Students: Update my address on file with the address above.	Send this form an UCI Central Cashier Make	d payment to: checks or money orders
Current students can update their addresses on file through <u>StudentAccess</u> .	228 Aldrich Hall payab	it/ATM cards not accepted)
No address necessary. In person pickup Bring payment & form to Central Cashier. Valid ID required.	Fees: \$17.00 per copy (includes USPS first class postage) * Express Delivery	
Send my official transcript to: Address below Current a	address listed above	Number of Copies:
Name or Institution Street Address		Send Now Hold for the following: Grades
ity State Zip Code Degree		
Contact Phone (required for express deliveries) Contact Email		Express Delivery *
Send my official transcript to: Address below Current address listed above Number of Copies:		
Name or Institution		Send Now
Street Address		Hold for the following:
City State	Zip Code	Other (qtr & year)
Contact Phone (required for express deliveries) Contact Email		Express Delivery *

I authorize UCI to provide my academic transcript(s) as instructed on this form.