



REQUEST for OFFICIAL TRANSCRIPTS

UC IRVINE • UNIVERSITY REGISTRAR

Use this form to order official transcripts if you attended UCI as a regular or Summer Session student.

For Continuing Education transcripts go to <https://ce.uci.edu/resources/academic/transcripts/> or call (949) 824-5414.

Name on UCI records (Last, First, Middle)

Undergraduate Student ID # (if known)

Current Name (if different)

Graduate Student ID # (if known)

Current Street Address

Date of Birth: ___ / ___ / ___

City State Zip Code

Social Security # (optional, not required)

Phone Number Email Address

Total Number of Transcripts Requested:
Note: A single transcript order includes both undergraduate and graduate transcripts.

Former Students: Update my address on file with the address above.
Current students can update their addresses on file through [StudentAccess](#).

Send Now
 Hold for the following:
 Grades _____ (qtr & year)
 Degree _____ (qtr & year)
 Other _____

Fees for Transcripts: \$17.00 flat fee per copy (includes USPS first class postage)	
Rush Services	*Domestic Express Delivery additional \$25.00 per address
	*International Express Delivery additional \$35.00 per address Express Delivery is sent via Federal Express or USPS Express mail.
	**Fax (domestic only) additional \$6.00 per fax number When faxing, original will follow via first class mail to the address provided.

Send this form and payment to:

UCI Central Cashier
228 Aldrich Hall
Irvine, CA 92697-1975

Make checks or money orders payable to: **UC REGENTS.**
(Credit/ATM cards not accepted)

In person pickup (No address necessary. Bring payment & form to Central Cashier. Valid ID required.)

Send my official transcript to: Address below Current address listed above

Name or Institution _____

Street Address _____

City State Zip Code

Contact Phone (required for express deliveries) _____ Contact Email _____

Number of Copies:
to this address or in person pickup

First Class Mail (default)
no additional charge

Express Delivery
additional charge applies*

Fax (domestic only)
additional charge applies**

Fax Number _____

Send my official transcript to: Address below Current address listed above

Name or Institution _____

Street Address _____

City State Zip Code

Contact Phone (required for express deliveries) _____ Contact Email _____

Number of Copies:
to this address

First Class Mail (default)
no additional charge

Express Delivery
additional charge applies*

Fax (domestic only)
additional charge applies**

Fax Number _____

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

Student Signature

University Registrar
www.reg.uci.edu • (949) 824 - 6124

Date