

REQUEST to SEND OFFICIAL TRANSCRIPTS

UNIVERSITY REGISTRAR

UNIVERSITY of CALIFORNIA, IRVINE

Student Information	Name on UCI records (Last, First, Middle) _____ <input type="radio"/> Yes <input type="radio"/> No Use my preferred name on record for my transcript order (if on file).	Student Type (select all that applies): <input type="checkbox"/> UG <input type="checkbox"/> Grad <input type="checkbox"/> Law <input type="checkbox"/> Med
	Current Street Address _____	Undergraduate Student ID # (if known) _____
	City _____ State _____ Zip Code _____	Graduate Student ID # (if known) _____
	Former Students: <input type="checkbox"/> Update my address on file with the address above. Current students can update their addresses through StudentAccess .	Date of Birth: ____ / ____ / ____
		Phone Number _____
		Email Address _____

Address 1	Send my official transcript to: <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above	Number of Copies: <input style="width: 40px; height: 25px;" type="text"/>
	Name or Institution _____	<input type="checkbox"/> Send Now
	Street Address _____	<input type="checkbox"/> Hold for the following:
	City _____ State _____ Zip Code _____	<input type="checkbox"/> Grades
	Contact Phone (required for express deliveries) _____ Contact Email _____	<input type="checkbox"/> Degree _____
		<input type="checkbox"/> Other (qtr & year) _____

Address 2	Send my official transcript to: <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above	Number of Copies: <input style="width: 40px; height: 25px;" type="text"/>
	Name or Institution _____	<input type="checkbox"/> Send Now
	Street Address _____	<input type="checkbox"/> Hold for the following:
	City _____ State _____ Zip Code _____	<input type="checkbox"/> Grades
	Contact Phone (required for express deliveries) _____ Contact Email _____	<input type="checkbox"/> Degree _____
		<input type="checkbox"/> Other (qtr & year) _____

Address 3	Send my official transcript to: <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above	Number of Copies: <input style="width: 40px; height: 25px;" type="text"/>
	Name or Institution _____	<input type="checkbox"/> Send Now
	Street Address _____	<input type="checkbox"/> Hold for the following:
	City _____ State _____ Zip Code _____	<input type="checkbox"/> Grades
	Contact Phone (required for express deliveries) _____ Contact Email _____	<input type="checkbox"/> Degree _____
		<input type="checkbox"/> Other (qtr & year) _____

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

Student signature: _____ Date: _____

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This section is only required if you are requesting additional services with your Official Transcript Request.

Additional Services

Express Delivery *additional \$25.00* per address

(Express Delivery is sent via Federal Express or USPS Express mail.)

Payment Information

Payment is made with the Central Cashier's Office.

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

Make checks or money orders payable to: **UC REGENTS.**

Central Cashier's Validation