

# REQUEST to SEND OFFICIAL TRANSCRIPTS

UNIVERSITY REGISTRAR

UNIVERSITY of CALIFORNIA, IRVINE

<b>Student Information</b>	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) _____
	<b>Former Students:</b> <input type="checkbox"/> Update my address on file with the address above. Current students can update their addresses through <a href="#">StudentAccess</a> .	Date of Birth: ____ / ____ / ____
		Phone Number _____
		Email Address _____

<b>Address 1</b>	<b>Send my official transcript to:</b> <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above	<b>Number of Copies:</b> <input style="width: 40px; height: 25px;" type="text"/>
	Name or Institution _____	<input type="checkbox"/> <b>Send Now</b>
	Street Address _____	<input type="checkbox"/> <b>Hold</b> 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) _____

<b>Address 2</b>	<b>Send my official transcript to:</b> <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above	<b>Number of Copies:</b> <input style="width: 40px; height: 25px;" type="text"/>
	Name or Institution _____	<input type="checkbox"/> <b>Send Now</b>
	Street Address _____	<input type="checkbox"/> <b>Hold</b> 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) _____

<b>Address 3</b>	<b>Send my official transcript to:</b> <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above	<b>Number of Copies:</b> <input style="width: 40px; height: 25px;" type="text"/>
	Name or Institution _____	<input type="checkbox"/> <b>Send Now</b>
	Street Address _____	<input type="checkbox"/> <b>Hold</b> 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.)

Notary Service ..... *additional \$15.00* per notarization

## 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.**

\*\*\* The Central Cashier **does not** accept Credit/ATM cards. \*\*\*

Central Cashier's Validation