

REQUEST to SEND OFFICIAL TRANSCRIPTS

UNIVERSITY REGISTRAR

UNIVERSITY of CALIFORNIA, IRVINE

Student Information	Name on UCI records (Last, First, Middle)	Student Type (select all that applies): <input type="checkbox"/> UG <input type="checkbox"/> Grad <input type="checkbox"/> Law <input type="checkbox"/> Med
	Current Name (if different)	Undergraduate Student ID # (if known)
	Current Street Address	Graduate Student ID # (if known)
	City _____ State _____ Zip Code _____	Date of Birth: ____ / ____ / ____
	Former Students: <input type="checkbox"/> Update my address on file with the address above. Current students can update their addresses through StudentAccess .	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: 20px;" type="text"/>
	Name or Institution	<input type="checkbox"/> Send Now <input type="checkbox"/> Hold for the following: <input type="checkbox"/> Grades <input type="checkbox"/> Degree <input type="checkbox"/> Other (qtr & year)
	Street Address	
	City _____ State _____ Zip Code _____	
	Contact Phone (required for express deliveries) _____ Contact Email _____	
	Additional Services add'l charge (see reverse side) <input type="checkbox"/>	

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: 20px;" type="text"/>
	Name or Institution	<input type="checkbox"/> Send Now <input type="checkbox"/> Hold for the following: <input type="checkbox"/> Grades <input type="checkbox"/> Degree <input type="checkbox"/> Other (qtr & year)
	Street Address	
	City _____ State _____ Zip Code _____	
	Contact Phone (required for express deliveries) _____ Contact Email _____	
	Additional Services add'l charge (see reverse side) <input type="checkbox"/>	

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: 20px;" type="text"/>
	Name or Institution	<input type="checkbox"/> Send Now <input type="checkbox"/> Hold for the following: <input type="checkbox"/> Grades <input type="checkbox"/> Degree <input type="checkbox"/> Other (qtr & year)
	Street Address	
	City _____ State _____ Zip Code _____	
	Contact Phone (required for express deliveries) _____ Contact Email _____	
	Additional Services add'l charge (see reverse side) <input type="checkbox"/>	

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