



# Graduates - Document Request

## Form

Full Name (*please print*): \_\_\_\_\_ Date: \_\_\_\_\_

SID / SSN: \_\_\_\_\_ Class of: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

*Please select the requested documents (All checks payable to 'Regents UC'):*

**NOTE: Requests will not be processed until appropriate fees are received.**

**Official Transcript** – With Dean’s signature and University Seal in sealed envelope.  
\_\_\_\_\_ *Amount (\$8.00 per transcript)*                      \_\_\_\_\_ *Express Mail (\$20.00 via UPS)*

**Dean’s Letter (MSPE)** - Official copy with signature and University Seal in sealed envelope.  
\_\_\_\_\_ *Amount (\$8.00 per MSPE)*                      \_\_\_\_\_ *Express Mail (\$20.00 via UPS)*

**Letter of MD Verification** - Letter used for proof of medical degree.  
\_\_\_\_\_ *Amount (\$8.00 per letter)*                      \_\_\_\_\_ *Express Mail (\$20.00 via UPS)*

**Certified Diploma Copy** – With Registrar’s signature and University Seal. (Note: You must provide the copy of your diploma)

**California Licensure** – Requirements for licensure from the California Medical Board:  
 L2 Form     Official Transcript (\$8.00)     Certified Diploma (which you provide for certification)

**Other** – Please specify: \_\_\_\_\_

*List names and addresses for mailing documents below (for more than two locations, please attach second sheet):*

1. _____ _____ _____ _____	2. _____ _____ _____ _____
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*Please send form to Marty Hunter (Registrar) and allow 5-7 business days for your request to be processed.*

\_\_\_\_\_

12-159 CHS, Box 951720  
David Geffen School of Medicine at UCLA  
Los Angeles, CA 90095-1720  
FAX: 310.825.6262  
Phone: 310.825.6282

<u>Departmental Use Only</u>	
<input type="checkbox"/>	Received on:
<input type="checkbox"/>	Processed on:

Signature

Date Requested

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