



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 (add \$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 (add \$20.00 via UPS)*

Letter of MD Verification - Letter used for proof of medical degree.

_____ *Amount (\$8.00 per letter)* _____ *Express Mail (add \$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.

Signature

Date Requested

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: