

David Geffen School of Medicine at UCLA
 Student Affairs Office
 12-159 CHS, Box 951720
 Los Angeles, CA 90095-1720
 Phone: 310-206-0434 / Fax: 310-794-9574



Office Use Only	
Date Received:	_____
Amount Paid:	_____
Date Completed:	_____

GRADUATE Document Request Form

All requests will be processed within 2 - 3 weeks, upon receipt, depending on time of year and volume of requests. Please submit document requests at least 2 weeks prior to any application or certification deadlines so we may better serve you. **The completed form can be returned to the address above, by fax 310-794-9574 or by email at registrar@mednet.ucla.edu.**

Graduate Information – Please Print Clearly

Full Name: _____ Former Name (if any) _____
 SSN #: _____ Year Graduated: _____
 Phone #: _____ Email: _____

Requests will not be processed until appropriate fees are received
(All checks payable to 'Regents UC')

Requests

	<u># of Copies</u>	<u>Fee</u>		<u># of Copies</u>	<u>Fee</u>
<input type="checkbox"/> Official Transcript _____		\$10.00 each	<input type="checkbox"/> Certified Diploma Copy* _____		\$10.00 each
<input type="checkbox"/> Dean's Letter (MSPE) _____		\$10.00 each	<input type="checkbox"/> Degree Verification Letter _____		No charge
<input type="checkbox"/> Licensure Form (You supply form with pertinent information completed (i.e.name & SSN#)					No charge
<input type="checkbox"/> ERAS Residency [Mark items needed from selection above & pay appropriate fee(s)] – List name(s) of letter writer(s) below if Letter(s) of Recommendation is needed:					
1. _____			2. _____		
					3. _____
<input type="checkbox"/> Other (please specify): _____					
<input checked="" type="checkbox"/> Need to reorder diploma. This must be ordered directly through Murphy Hall (http://www.registrar.ucla.edu/forms/dupdiploma.pdf)					

Send Via: Please print name and complete address of addressee clearly. Complete a separate Document Request Form when sending document(s) to multiple addressees.

Pick Up - you will receive an e-mail when the document(s) is available to pick up. Regular Mail Express Mail **(\$20.00 via UPS)**

MAILING LABEL (required)

Fax - _____

***Unable to fax official transcripts**

Email - _____

Signature: _____ Date: _____ Total Amount Due \$ _____ .00