



Office Use Only

Date Received: _____

Amount Paid: _____

Date Completed: _____

Current Student - Document Request Form

Not to be used for 4th year Away Elective Document Requests

Student Information - Please Print Clearly

Full Name: _____ Class of: _____ SID #: _____

Phone #: _____ MedNet Email: _____

Signature: _____ Date: _____

Request(s) - You must list entire address below, of addressee, even if you select pick-up, fax, or email below

- Official Transcript** - with Dean's signature/University embossed seal # of Copies _____ Returned in sealed envelope
- Unofficial Transcript** - not printed on transcript paper # of Copies _____ Place in sealed envelope
- Letter of Enrollment Verification** – Letter used for proof of enrollment # of Copies _____ Place in sealed envelope
- Letter of Good Standing** – Letter used for proof of academic good standing # of Copies _____ Place in sealed envelope
- Jury Duty** - Letter of exemption describing current registration and time requirements as a medical student. List full courthouse address below.
(Please note, you are responsible for sending the Letter of Exemption and Summons together to the courthouse)

Juror ID # _____ Reporting Location #: _____ Group #: _____

Other (please specify): _____

Special Instructions (please specify): _____

Loan Deferment Request – Cannot be completed by SAO. Form must be completed by the School of Medicine FAO (12-109CHS)

Send Via: Please clearly print name and complete address to which letter should be addressed to. 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* - _____

*SAO will not fax official transcripts.

Email - _____

All requests will be **processed within 7 – 10 business days, 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(s) can be returned via email at registrar@mednet.ucla.edu, fax 310-794-9574 or by returning to the Registrar's mailbox in 12-159 CHS. **The SAO office hours are: M – F; 8:00am – 5:00pm.**