REQUEST *for* VERIFICATIONS

UC IRVINE • UNIVERSITY REGISTRAR

Use this form to order verifications if you attended UCI as a regular or Summer Session student. Attach any forms that require verification. Division of Continuing Education (DCE) students refer to **https://ce.uci.edu/resources/academic/transcripts/**.

Name on UCI records (Last, First, Middle)

○ Yes ○ No Use my preferred name on record for my transcript order (if on file).

Current Street Address

City ___ State ___ Zip Code

Phone Number ___ Email Address

Undergraduate Student ID # (if known)

Graduate Student ID # (if known)

Date of Birth: ___ / ___ / ___

Social Security # (optional, not required)

Former Students: ☐ Update my address on file with the address above.
Current students can update their addresses on file through StudentAccess.

Registrar Use Only

☐ PPD _____
☐ EP _____ term to term
☐ FTE _____ term (s)
Ordered by _____ on _____
Released by _____ on _____

☐ Degree _____ term
☐ GdStud _____ term
☐ Other _____

Send this form and payment to:

UCI Central Cashier
228 Aldrich Hall Irvine, CA
92697-1975

Make checks or money orders payable to: **UC REGENTS.**
(Credit/ATM cards not accepted)

Fees: $17.00 per copy for visitors and students in self-supporting graduate degree programs; all other students are covered by the document fee.

* Express Delivery . . . . *additional* $25.00 per address
Express Delivery is sent via Federal Express or USPS Express mail.

Select the information you want to include in your verification

Option 1
Common verifications

☐ **Degree Verification**
- degree awarded
- date awarded
- major & date of birth

☐ **Car Insurance (good student)**
- full-time enrollment (current & previous terms)
- GPA of 3.0 or better in their previous term
- major, level, date of birth

☐ **Health Insurance**
- full-time enrollment
- major, level, student ID #, date of birth
- If SSN is req'd, also select SSN below

☐ **Driver License / DMV**
- full-time enrollment
- local address, student ID #
- date of birth

Option 2
Select from the list

If the information you want verified is not listed, attach a separate sheet with your specifications. **(NOTE: Subject to approval.)**

☐ Enrollment Periods _____ specify start term & end term
☐ Full Time Enrollment _____ specify term(s)
☐ Work In Progress _____ specify term(s)
☐ Student Schedule _____ specify term(s)
☐ Future Enrollment *(most recent upcoming term only)*
☐ Anticipated Grad Date _____ specify term graduating

☐ Cumulative GPA
☐ Current Class Level *(based on units)*
☐ Date of Birth
☐ Good Standing *(must have at least 2.0 GPA)*
☐ Individual Term GPA _____ specify term(s)
☐ Last Known (perm) Address
☐ Local Address on File

☐ Major(s)
☐ Number of Units Completed
☐ Previous Name(s)
☐ Readmission _____ specify term
☐ Residence Tuition Status
☐ Student ID Number
☐ Social Security Number

☐ Other: _____ specify

☐ In person pickup (Valid ID required.)
Send my official verification to: ☐ Address below ☐ Current address listed above

Name, Organization or Institution

Street Address

City ___ State ___ Zip Code

Number of Copies

☐ **Send Now**

☐ **Hold** for the following:

☐ Grades _____ (qtr & year)
☐ Degree _____ (qtr & year)
☐ Other _____

I authorize UCI to provide my verification(s) as instructed on this form.

Student Signature (required) ___ Date

University Registrar
www.reg.uci.edu   (949) 824 - 6124

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