

Transcript Request Form

Use this form to order official transcripts only if you attended UC Irvine as an Extension student or Access UCI student. (UCI Main Campus and Summer Session students please call (949) 824-6124 for transcripts or visit: <http://reg.uci.edu/registrar/services/transcript.html>)

Please print clearly and provide as much information as possible. Requests will be processed within one week.

Total Number of Transcripts Requested: _____

Fees for Official Transcripts: \$10.00 flat fee per copy

Official transcripts are sent via regular first class mail.

Amount Enclosed: _____

Check Enclosed (Made payable to: UC Regents)

Charge to: VISA AMEX MasterCard

Credit/Debit Card #	Expiration Date	Authorizing Signature (Required)	Date
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Name: _____ ID# _____
(As it appears on your UCI Extension Record) Last First Middle (If Known)

Other Names Used: _____
Last First Middle

* Providing your Social Security # and Date of Birth is optional but important to ensure accurate transcripts.

Social Security #: _____ Date of Birth: _____

Current Address:

_____ Street

_____ City State Zip

_____ Daytime Phone Evening Phone E-mail

Former Students: Shall we update your address on file with the address above? _____

When a student orders a transcript to be sent to another college, university, or agency, it is important for the student to provide a complete mailing address to ensure delivery to the correct office. For additional addresses, please print the Additional Addresses Form.

Send my Official Transcript to:

_____ Name or Institution

Number of Copies

_____ Street

_____ City State Zip

_____ Authorizing Signature (Required) Date

IMPORTANT: Requests for official transcripts will not be processed without the student's signature.

Send this form and payment by mail to: UCI Extension Records Office, PO Box 6050, Irvine, CA 92616-6050 or by fax to (949) 824-2090