

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



David Geffen
School of Medicine

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) _____

Last 4 digits of SSN #: _____

Year Graduated: _____

Phone #: _____

Email: _____

Requests will not be processed until appropriate fees are received

(All checks payable to 'Regents UC')

| <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 |
| * Only available for graduates beginning in 2001 and after, otherwise you must supply the SOM with a copy for certification. | | | |
| <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) | | | |

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

☐ I would like to **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)**

☐ **FAX TO:** _____

† Unable to fax official transcripts

Completion of this section REQUIRED regardless of delivery method.
Complete recipient address to which you would like document(s) sent.
MAIL TO:

☐ **EMAIL TO:** _____

† Unable to email official transcripts

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

Authorization signature required: I authorize release of information as directed on this Document Request Form