



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. Extension students call (949) 824-5414 or email records@unex.uci.edu for Extension verifications.

Name on UCI records (Last, First, Middle)

Undergraduate Student ID # (if known)

Current Name (if different)

Graduate Student ID # (if known)

Current Street Address

Date of Birth: ___ / ___ / ___

City State Zip Code

Social Security # (optional, not required)

Phone Number Email Address

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

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)

Registrar Use Only	<input type="checkbox"/> PPD _____	<input type="checkbox"/> Degree _____ term _____	Registrar Use Only
	<input type="checkbox"/> EP _____ term to term _____	<input type="checkbox"/> GdStud _____ term _____	
	<input type="checkbox"/> FTE _____ term(s) _____	<input type="checkbox"/> Other _____	
	Ordered by _____ on _____		
	Released by _____ on _____		

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	<input type="checkbox"/> Degree Verification - degree awarded - date awarded - major & date of birth	<input type="checkbox"/> 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	<input type="checkbox"/> Health Insurance - full-time enrollment - major, level, student ID #, date of birth - If SSN is req'd, also select SSN below	<input type="checkbox"/> Driver License / DMV - full-time enrollment - local address, student ID # - student ID #, date of birth
	Option 2 Select from the list <small>If the information you want verified is not listed, attach a separate sheet with your specifications. (NOTE: Subject to approval.)</small>	<input type="checkbox"/> Enrollment Periods _____ <small>specify start term & end term</small>	<input type="checkbox"/> Cumulative GPA _____	<input type="checkbox"/> Major(s) _____
	<input type="checkbox"/> Full Time Enrollment _____ <small>specify term(s)</small>	<input type="checkbox"/> Current Class Level (based on units) _____	<input type="checkbox"/> Number of Units Completed _____	
	<input type="checkbox"/> Work In Progress _____ <small>specify term(s)</small>	<input type="checkbox"/> Date of Birth _____	<input type="checkbox"/> Previous Name(s) _____	
	<input type="checkbox"/> Student Schedule _____ <small>specify term(s)</small>	<input type="checkbox"/> Good Standing (must have at least 2.0 GPA) _____	<input type="checkbox"/> Readmission _____ <small>specify term</small>	
	<input type="checkbox"/> Future Enrollment (most recent upcoming term only) _____	<input type="checkbox"/> Individual Term GPA _____ <small>specify term(s)</small>	<input type="checkbox"/> Residence Tuition Status _____	
	<input type="checkbox"/> Anticipated Grad Date _____ <small>specify term graduating</small>	<input type="checkbox"/> Last Known (perm) Address _____	<input type="checkbox"/> Student ID Number _____	
		<input type="checkbox"/> Local Address on File _____	<input type="checkbox"/> Social Security Number _____	

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 (Max 2 copies per day)

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)

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

Date