



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. For Continuing Education verifications call (949) 824-5418 or email dce-services@uci.edu.

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

Fees for Verifications: \$17.00 flat fee per copy (includes USPS first class postage)

Rush Services

- *Domestic Express Delivery additional \$25.00 per address
- *International Express Delivery additional \$35.00 per address
- Express Delivery is sent via Federal Express or USPS Express mail.
- **Fax (domestic only) additional \$6.00 per fax number
- When faxing, original will follow via first class mail to the address provided.

Select the information you want to include in your verification

Option 1
Common verifications

Degree Verification

- Verifies degree awarded.
- Verifies date awarded.
- Verifies major & date of birth.

Car Insurance (good student)

- Verifies full time enrollment for the current and previous term.
- Verifies student received 3.0 or better in their previous term.
- Verifies major, level, date of birth.

Health Insurance

- Verifies full time enrollment for the current term.
- Verifies major, level, student ID#, date of birth.
- If SSN is req'd, also select SSN below.

Option 2
Select from the list

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

In person pickup (No address necessary. Bring payment & form to Central Cashier. 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)

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

Date