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David Geffen
School of Medicine

Office Use Only

Date Received: _____

Amount Paid: _____

Date Completed: _____

Current MD Student - Document Request Form

Not to be used for 4th year Away Elective Document Requests

Please allow **5-10 business days for processing, 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(s) can be returned via email at registrar@mednet.ucla.edu, fax 310-794-9574 or by returning to the Registrar's mailbox in Suite 200. **The SAO office hours are: M – F; 8:00am – 5:00pm.**

Student Information - Please Print Clearly

Full Name: _____ Class of: _____ SID #: _____

Contact Information (phone or MedNet Email): _____

Signature*: _____

Date: _____

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

Request(s) - Recipient address required in space provided below regardless of delivery method

- Unofficial Transcript** (not printed on transcript paper): - Use Student Document Portal: <https://studentdocs.dgsom.ucla.edu>
- Letter of Enrollment Verification/Good Standing:** - Use Student Document Portal: <https://studentdocs.dgsom.ucla.edu/>
- Official Transcript * (with Dean's signature/University embossed seal and returned in sealed envelope): # of Copies _____**
- Jury Duty **** - Letter of exemption describing current registration and time requirements as a medical student. **List full courthouse address below. ** Please note, you are responsible for sending the Letter of Exemption and Summons together to the courthouse**
Juror ID # _____ Reporting Location #: _____ Group #: _____

Other (please specify): _____

Special Instructions (please specify): _____

Loan Deferment Request – Cannot be completed by SAO. Form must be completed by the School of Medicine FAO (Suite 305)

Letter of Recommendation (scholarships, research, etc.)– Cannot be completed by Registrar.

– Please complete Dean's Letter of Recommendation form:

– <http://medschool.ucla.edu/workfiles/site-Current/DeanLetterofRecommendationRevised.pdf>

Sending Instructions: Please clearly print name and complete address to which document(s) should be addressed to. 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 * _____

*SAO will not fax official transcripts

Completion of this section REQUIRED regardless of whether SAO or you send the documents.

Complete recipient address to which you would like document(s) sent.

EMAIL TO: _____

*SAO will not email official transcripts

MAIL TO: