

Geffen Hall, Suite 200 885 Tiverton Drive, Box 951720 Los Angeles, CA 90095-1720 Phone: (310) 206-0434

Fax: (310) 794-9574

CURRENT STUDENT DOCUMENT REQUEST FORM

****Due to Safer at Home measure, the SAO has limited ability to mail official documents, so there may be a delay in processing requests that must be sent by mail. Whenever possible, please obtain an email address to send forms to.

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. The completed form(s) can be submitted via email to registrar@mednet.ucla.edu or by fax (310)794-9574.

by fax (310)794-9574.			
Student Information (All required to identify record)			
Name:	Class of:		
MedNet email address:	UCLA ID:		
Authorization Signature Required: I authorize release of information as directed on this Document Request Form	Date:		
Document(s) Requested		# of Copies	
Letter of Enrollment/ Verification- Use Student Document Portal: https://www.medsch.ucla.edu/docreguest/		# CI COPICO	
Unofficial Transcript -Use Student Document Portal: https://www.medsch.ucla.edu/docrequest/			
Official Transcript (Electronic preferred, otherwise with Dean's signature and University embossed seal and returned in sealed envelope. If emailed directly to student will be watermarked "issued to student")			
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:			
Loan Deferment Request – Cannot be completed by SAO. Form must be completed by the DGSOM FAO			
Letter of Recommendation (scholarships, research, etc.) – Please complete Dean's Letter of Recommendation form			
		Ι_	
Delivery Method (select one and complete a separate form when sending document(s) to multiple recipients		Fee	
Email PDF (PREFERRED METHOD)		No Fee	
U.S. First Class Mail (only if email is unavailable/unacceptable)		No Fee	
In Person Pickup (Currently Unavailable due to Campus Closure)		No Fee	
Fax (Currently Unavailable due to Campus Closure)		No Fee \$20	
Express Mail via UPS (cannot send to PO Box) (only if email is unavailable/ unacceptable)			

Payment https://www.medstudent.ucla.edu/applications/docrequest/creditcard5.asp		
Total Due:	Confirmation number:	

Final Recipient Name (REQUIRED)	Contact information (email, or address)

Office Use Only			
npleted			