

## ALUMNI (M.D.) 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 include a recipient email address.**

Please allow 2 weeks for processing, upon receipt and payment (if required), depending on time of year and volume of requests. Please submit document requests at least 3 weeks prior to any application or certification deadlines so we may better serve you. The completed form(s) can be submitted via email to

registrar@mednet.ucla.edu or by fax (310)794-9574. For more information/directions, please visit alumni page: <http://medschool.ucla.edu/current-alumni>

Graduate/Former Student Information: (All required to identify record)	
Full Name:	Last 4 digits of SSN# XXX-XX-_____
Former Name (if any):	Year Graduated
Email:	Phone:
<b>Authorization Signature Required:</b> <i>I authorize release of information as directed on this Document Request Form</i>	Date:

Document(s) Requested	# of Copies	Fee
Official Transcript ( <b>Electronic preferred</b> please obtain an email address if possible. 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")		\$10
Unofficial Transcript		No Fee
Certified Diploma Copy (Only available for graduates beginning in 2001 and after, otherwise you must supply the SOM with a copy for certification) <b>*Can not be emailed</b>		\$10
Degree Verification Form/Letter		No Fee
Dean's Letter/ MSPE		\$10
Licensure Form Graduate supplies form with pertinent information completed (i.e. name & SSN#)		No Fee
ERAS Residency Mark items needed from selection above & pay appropriate fee(s)		
ERAS Fellowship (See <a href="http://medschool.ucla.edu/current-alumni">http://medschool.ucla.edu/current-alumni</a> for School Official contact and directions)		
CA License Please list your File# _____ or Application # _____ for upload to DOCS		
Other? (please specify)		

Delivery Method (select one and complete a separate form when sending document(s) to multiple recipients)	Fee
Email PDF ( <b>PREFERRED METHOD</b> )	No Fee
U.S. First Class Mail (if email is unavailable/unacceptable)	No Fee
In Person Pickup ( <b>Currently Unavailable due to Campus Closure</b> )	No Fee
Fax ( <b>Currently Unavailable due to Campus Closure</b> )	No Fee
Upload (ERAS Residency/ Fellowship or DOCS for CA Medical Board)	No Fee
Express Mail via UPS (cannot send to PO Box) ( <b>only</b> if email is unavailable/ unacceptable)	\$20

<b>Payment</b> <a href="https://www.medstudent.ucla.edu/applications/docrequest/creditcard5.asp">https://www.medstudent.ucla.edu/applications/docrequest/creditcard5.asp</a>	
Total Due:	Confirmation number:

Final Recipient Name ( <b>REQUIRED</b> )	Recipient Contact Information (email preferred, or address)

Office Use Only		
Date Received	Amount Paid	Date Completed