## **UCLA** David Geffen School of Medicine

## 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.

Student Information (All required to identify record)		
Name:	Class of:	
MedNet email address:	UCLA ID:	
<b>Authorization Signature Required:</b> I authorize release of information as directed on this Document Request Form	Date:	

Document(s) Requested	ł		# of Copies
Letter of Enrollment/ \	erification- Use Student Document Port	al: https://www.medsch.ucla.edu/docrequest/	
Unofficial Transcript -	Jse Student Document Portal: <u>https://www.</u>	medsch.ucla.edu/docrequest/	
Official Transcript (Electronic sealed envelope. If emailed	ctronic preferred, otherwise with Dean's sig I directly to student will be watermarked "is	nature and University embossed seal and returned in ssued to student")	
	ing current registration and time requiremensible for sending the Letter of Exemption	ents as a medical student. List full courthouse address below. ** and Summons together to the courthouse	
Juror ID #	Reporting location#	Group #	
Other (please specify)			
Special Instructions:			
Loan Deferment Request	- Cannot be completed by SAO. For	m must be completed by the DGSOM FAO	
Letter of Recommendation	n (scholarships, research, etc.) - F	Please complete Dean's Letter of Recommendation form	

Delivery Method (select one and complete a separate form when sending document(s) to multiple recipients	
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
Express Mail via UPS (cannot send to PO Box) (only if email is unavailable/ unacceptable)	\$20

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			
Date Received	Amount Paid	Date Completed	