

REQUEST to SEND OFFICIAL TRANSCRIPTS

UNIVERSITY REGISTRAR

UNIVERSITY of CALIFORNIA, IRVINE

Student Information	Gu, Ran Name on UCI records (Last, First, Middle)	Student Type (select all that applies): <input checked="" type="checkbox"/> UG <input type="checkbox"/> Grad <input type="checkbox"/> Law <input type="checkbox"/> Med
	Current Name (if different)	83504142 Undergraduate Student ID # (if known)
	1235 Grand Canal Current Street Address	Graduate Student ID # (if known)
	Irvine CA 92620 City State Zip Code	Date of Birth: 08 / 08 / 1998
	Former Students: <input type="checkbox"/> Update my address on file with the address above. Current students can update their addresses through StudentAccess .	909 655 7047 Phone Number rang1@uci.edu Email Address

Address 1	Send my official transcript to: <input checked="" type="checkbox"/> Address below <input type="checkbox"/> Current address listed above		Number of Copies: 1 <input checked="" type="checkbox"/> Send Now <input type="checkbox"/> Hold for the following: <input type="checkbox"/> Grades <input type="checkbox"/> Degree <input type="checkbox"/> Other (qtr & year) Additional Services add'l charge (see reverse side) <input type="checkbox"/>
	Leslie Uchino Name or Institution		
	5050 Barranca Pkwy Street Address		
	Irvine CA 92604 City State Zip Code		
	LeslieUchino@iusd.org Contact Email		
	Contact Phone (required for express deliveries)		

Address 2	Send my official transcript to: <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above		Number of Copies: <input type="checkbox"/> Send Now <input type="checkbox"/> Hold for the following: <input type="checkbox"/> Grades <input type="checkbox"/> Degree <input type="checkbox"/> Other (qtr & year) Additional Services add'l charge (see reverse side) <input type="checkbox"/>
	Name or Institution		
	Street Address		
	City State Zip Code		
	Contact Email		
	Contact Phone (required for express deliveries)		

Address 3	Send my official transcript to: <input type="checkbox"/> Address below <input type="checkbox"/> Current address listed above		Number of Copies: <input type="checkbox"/> Send Now <input type="checkbox"/> Hold for the following: <input type="checkbox"/> Grades <input type="checkbox"/> Degree <input type="checkbox"/> Other (qtr & year) Additional Services add'l charge (see reverse side) <input type="checkbox"/>
	Name or Institution		
	Street Address		
	City State Zip Code		
	Contact Email		
	Contact Phone (required for express deliveries)		

I authorize UCI to provide my academic transcript(s) as instructed on this form.

Student signature: _____

Date: _____

07/31/2021