DEAN’S CERTIFICATION REQUEST FORM

Dean of Students - Office of Academic Integrity and Student Conduct
800 W. Peltason | Irvine, CA 92617-5135 | conduct@uci.edu | (949) 824-1479

Name: _______________________________ UCI ID#: _______________________________

UCI Dates of Attendance: ___________________________ Major: ______________________

Phone: ______________________ E-mail: _________________________________

Visit our website: http://aisc.uci.edu/students/deans-certification.php for a complete list of all required materials and information on the Dean’s Certification request process.

The cost to process a Dean’s Certification is $10 for 1-4 documents, and $15 for 5+ documents. You must provide a stamped and addressed envelope for each institution. DO NOT include your return address on the envelope. The paperwork will take 4 - 7 business days to be processed and mailed out. Make money orders payable to “UC Regents.” We do not accept personal checks.

Please list each school you are requesting to have a certification sent to below. If you need to list more, use of the back of this form.

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________

I hereby waive my privacy rights (pursuant to the Family Education Rights of Privacy Act of 1974), and authorize the Office of Academic Integrity and Student Conduct, University of California, Irvine to release and/or discuss information regarding my student conduct records to the institutions listed above.

X______________________________________ Date ___________________________________

☐ Check box if you would like to receive an e-mail when the form(s) have been mailed.

FOR OFFICE USE ONLY

Form(s) Received: ☐ In Person ☐ Via Mail ☐ Form(s) Attached
☐ No Form Attached; Letter(s) Requested
Date Received by SLL: ________________________
Staff Name: _________________________________
Academic Unit(s): __________________________
Payment Type: ☐ Cash ☐ Money Order #: __________
Payment Amount: ____________________________
Date Email Notification Sent: __________________
Staff Name: _________________________________
Record Status: ☐ No Record Found
☐ Record(s) Found: _________________________
☐ Generate Letter(s)
Date Document Sent: _________________________
Staff Name: _________________________________