DEAN’S CERTIFICATION REQUEST FORM

Dean of Students - Office of Academic Integrity and Student Conduct
Student Life & Leadership | G308 UCI Student Center | Irvine, CA 92697-5125 | conduct@uci.edu | (949) 824-5181

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: ________________________