

Document Request Form – Current Students

NOTE: Not to be used for 4th year Away Elective Document Requests

Please submit document requests at least 2 weeks prior to any application or certification deadlines so we may better serve you. The completed form(s) can be returned via email to cheri@medsch.ucr.edu, fax to (951) 827-5504, or in person to the Office of Student Affairs.

Student Information - Please Print Clearly:

Full Name: _____ Class of: _____ SID #: _____

Signature: _____ Date: _____

Authorization signature required: I authorize release of information as directed on this Document Request Form

Request(s):

- Unofficial Transcript** - not printed on official transcript paper # of Copies _____ Place in sealed envelope
- Letter of Enrollment Verification** # of Copies _____ Place in sealed envelope
- Letter of Good Standing** # of Copies _____ Place in sealed envelope
- Jury Duty **** - Letter of exemption describing current registration and time requirements as a medical student. **List full courthouse address below. ** Please note, you are responsible for sending the Letter of Exemption and Summons together to the courthouse**

Juror ID # _____ Reporting Location #: _____ Group #: _____

- Other** (please specify): _____
- Special Instructions** (please specify): _____
- Loan Deferment Request – Direct all requests to the School of Medicine Financial Aid Office**
- Letter of Recommendation (scholarships, research, etc.)**

**** Please complete Dean's Letter of Recommendation form**

Sending Instructions: Please clearly print name and complete address to which document(s) should be addressed to. Complete a separate Document Request Form when sending document(s) to multiple addressees.

PICK UP – you will receive an e-mail when the document(s) is available to pick up.

FAX TO: _____

Complete recipient address to which you would like document(s) sent.

EMAIL TO: _____

MAIL TO:

