

## REQUEST FOR RECORD OF CONTINUING EDUCATION COURSES

Please submit the following:

- Completed Request for Record of Continuing Education Course Form
- Copy of a valid photo ID with your signature (*requests cannot be processed without verification of identification*)
- Check made out to **UC REGENTS**

<input type="checkbox"/> Regular Processing (3-5 days)	\$17.00 each
<input type="checkbox"/> Special Processing: (2 weeks) See Dept for Information	\$4.00

**Please mail the signed form, ID verification & check to:**

Sue & Bill Gross School of Nursing  
 Student Affairs Office  
 106 Berk Hall  
 University of California, Irvine  
 Irvine, CA 92697-3959

NAME: \_\_\_\_\_  
           LAST                                  FIRST                                  MIDDLE                                  FORMER/MAIDEN NAME

**LEGAL ADDRESS:**

**MAILING ADDRESS:**


DATE OF BIRTH: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ GRADUATION DATE, IF APPLICABLE: \_\_\_\_\_

**MAIL RECORD TO:** \_\_\_\_\_ **NO. OF COPIES**

**MAIL RECORD TO:** \_\_\_\_\_ **NO. OF COPIES**

NAME/CONTACT PERSON \_\_\_\_\_

NAME/CONTACT PERSON \_\_\_\_\_

INSTITUTION/UNIVERSITY/BUSINESS \_\_\_\_\_

INSTITUTION/UNIVERSITY/BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

<b><u>Office use only:</u></b>		
<b>NO. REQUESTED:</b> _____	PROCESSED BY: _____	DATE PROCESSED: _____
<b>FEE AMOUNT:</b> _____	DATE MAILED: _____	DATE FAXED: _____