

# UCI Division of Continuing Education

## REQUEST FOR DUPLICATE CERTIFICATE

Date: \_\_\_\_\_

*Note: Please allow approximately 1-2 weeks for processing.*

### CERTIFICATE PROGRAM:

When was original Certificate issued: \_\_\_\_\_

Name: \_\_\_\_\_

*(List name as you would like it to appear on your certificate)*

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Social Security or Student ID Number: \_\_\_\_\_

### ***Payment must be included with request.***

MY CHECK FOR \$35 IS ENCLOSED (Payable to Regents of University of California).

CHARGE TO:       VISA       MASTERCARD       AMERICAN EXPRESS

ACCOUNT NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

### ***Mail or Fax To:***

UCI DIVISION OF CONTINUING EDUCATION  
RECORDS OFFICE  
PO Box 6050, IRVINE, CA 92616-6050  
FAX (949) 824-2090