

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

**Student ID#:** \_\_\_\_\_  
*(if Known)*

**Name as you would like to appear on certificate:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Field of Practice or Interest:**  
(LITIGATION, CORPORATE, PROBATE, ETC.) \_\_\_\_\_

**Current Position:**

Paralegal

Other (be specific):  
\_\_\_\_\_

Not in the workforce

**Supervisor Name, Company Name & Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tasks performed in current position:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like us to inform your employer that you have received your certificate?

YES

NO

**Email, fax, or mail this form to:**

EMAIL: [dce-records@uci.edu](mailto:dce-records@uci.edu)

FAX: (949) 824-9072

MAIL: UCI Division of Continuing Education

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