

University of Rochester Apostille Request Form

I would like to request apostille certification for my diploma.

Date: _____

Name: _____

Student ID: _____

Last four digits SS#: _____

Date of Birth: _____

Signature: _____

Email: _____

Phone: _____

Pick Up Options: (Photo ID MUST be presented at time of pick up)

_____ I will pick up my document(s)

_____ will pick up my document(s)

Mailing Option:

Recipient: _____

Address: _____

City, State, Zip Code: _____

Country: _____

_____ I will also be making a request for apostille on my transcripts via the transcript ordering system

Additional Comments: