

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Apostille Request

The Office of the Registrar will forward apostille requests to the Indiana Secretary of State upon receipt of this form and the items indicated below. After completing this form and providing a signature where required, please mail the request, along with the documents to be notarized and a pre-paid envelope(s)/ shipping label, to the address provided below. Please note: We will only notarize documents that can be verified with our existing records. This includes, but is not limited to, diplomas, official transcripts, and certificates.

Student Reque	tor Information			
Last Name	First Name	Middle Name	Unive	ersity ID# (XXX-XXX-XXX)
Please Check A	ll That Apply:			
	I have enclosed an original transcript(s) for notarize	ation.		
	I have enclosed an original diploma(s) for notarization.			
	I have enclosed a photocopy of my original diploma(s) for notarization.			
	I have enclosed for notarization.			
	I have requested a duplicate diploma	transcript through Parchme	ent to be notarize	d.
	I have enclosed a postage paid envelope(s) required by the Secretary of State (SOS). The envelope(s) includes the address which the State needs to mail these notarized documents once they have attached the apostille.			
	I am requesting that the SOS use FedEx delivery and have provided a prepaid shipping label.			
	I have indicated the country requesting the apostille. Country name:			
I give my consent to Indiana State University to release this form and the documents above to the indicated address or fax number:				
Street Address	City	State	Zip Code	Fax Number
Student Signatur	e	Date		Phone Number (required by SOS)

Mail the completed request form, checklist items, and documents to be notarized to: