

**APOSTILLE REQUEST**

*The Office of the Registrar, Bloomington, will process apostille requests for Indiana University issued transcripts and diplomas upon request. After completing this form and providing a signature where required, send this form along with all the checklist items and documents to be notarized to the address at the bottom of this form. **Note: We do not notarize copies of PDF transcripts.***

*An apostille will not be issued to students who have outstanding financial obligations with the Office of the Bursar (812) 855-2636, Dean of Students/Greek Housing (812) 855-8187, or Student Loan Administration (812) 855-4511. If you are not a current student and do not have access to view your holds, please contact the Office of the Registrar at (812) 855-0121 to have a Service Representative verify that you do not have holds which would prohibit an apostille from being issued.*

**STUDENT/REQUESTOR INFORMATION**


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 Student name

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 Student signature

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 Address

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 Telephone number

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 10-digit University ID or last 4 digits of social security #

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 Email address
**If requesting an apostille, please complete the following checklist:**

- I have enclosed an original transcript(s), which I previously requested, for your office to notarize. **Note: We do not notarize copies of PDF transcripts.**
- I need to order my official transcript(s) from your office to be notarized. I have enclosed a transcript request form/payment that I downloaded from the Office of the Registrar
- I have enclosed an original diploma(s) for your office to notarize.
- I have enclosed a photocopy of my original diploma for your office to notarize.
- I have enclosed a postage paid envelope(s) required by the Secretary of State. The envelope(s) includes the address which the State needs to mail these documents once they have attached the apostille to the notarized documents.
- I have indicated the country requesting the apostille. Country Name: \_\_\_\_\_
- I am requesting Federal Express Priority delivery and have provided my credit card information:

CC Name: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Mail the completed request form, checklist items, and documents to be notarized to:**
 Office of the Registrar  
 ATTN: Apostille Processing Department  
 408 N. Union Street  
 Bloomington, IN 47405-3800