

APOSTILLE REQUEST FORM

Office of Registration and Records, Northern Illinois University
Williston Hall Rm 214, DeKalb, IL 60115
Phone: 815.753.8218 Fax: 815.753.1908 Email: residency@niu.edu

This form is required for the Office of Registration and Records to authenticate, notarize and make available the Apostille process for **Diplomas and Transcripts**. Please allow 1-2 days processing time for this Apostille to be completed. If you also need a duplicate diploma, this will take an additional 1-2 weeks to receive.

The cost for the Apostille service is \$10.00 for a single document (additional documents are \$5.00 each) plus the cost for a transcript and/or replacement diploma.

Legal Name and Contact Information:

First Name: _____ Last name: _____

maiden/former

Student ID# _____ or last 4 of ssn: _____ DOB: _____

Email: _____ Phone #: _____

Document Information: Indicate where you want this Apostille to be mailed

Document Mailing Address: _____

Or, what is the full name of the authorized person to pick up these documents:

This NIU document is being authenticated for the following country: _____

Does this Apostille require authentication on the back of the diploma ___ YES

Choose the document(s) to be authenticated below:

QTY Diploma:
 _____ I am providing my original diploma
 _____ I would like to request a replacement diploma. Note: Replacement diploma cost is \$20 per diploma. Additional charges may apply for expedited services.

QTY Transcript - Official transcripts are \$8.00/copy.
 _____ I am requesting and authorizing the release of my transcript with my signature below.....

Payment Information:

Credit card (Visa or Mastercard)

Credit Card Number: _____ Expiration Date: _____

NOTE – Proper identification will be required from the student to obtain these documents when picking them up in person. Further, any authorized persons noted above will also have to provide identification before picking up these documents. There are no exceptions in this matter.

Please sign below to acknowledge that you authorize the release of your academic documents and request Northern Illinois University to provide Apostille service, and mail the documents to the address you provided above.

Student Signature: _____ Date: _____

FAX OR EMAIL FORM TO: 815-753-1908 / RESIDENCY@NIU.EDU