

ENDICOTT COLLEGE

376 Hale Street Beverly, MA 01915

Phone 978-232-2065

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Registrar@endicott.edu

Apostille of the Hague Request

Full Name _____ Student ID # _____

Current Street Address

City _____ State _____ Zipcode _____

Should we update this address in your records? _____

Contact Phone Number and E-mail Address (REQUIRED FOR FEDEX)

Date of Birth _____ Graduation date (if applicable): _____

Document that needs Apostille and how many:

_____ Official Transcript _____ Diploma _____ Both

Please note: You will need to send your diploma to us. It needs to be your original diploma. Copies of diplomas are not accepted.

Country of Apostille destination (REQUIRED) _____

Fee: \$20 per document (We do not accept Discover)

Credit Card # _____ exp date: _____

Name on card _____

Send Apostille(s) to: (complete address is very important)

*****Processing time is 6-8 weeks*****

Signature _____ Date _____