

University of Illinois at Urbana-Champaign NOTARIZATION* REQUEST FORM

*If an Apostille is required, please use the Apostille/Notarization Form available by contacting the office at transcripts@illinois.edu.

Name:					
Last	First	Middle	UIN or dat	e of birth	
Address: Street	City		State	Zip	
Phone:	Email address:				
DIPLOMA Processing Information To request a notarized diploma, you must provide a good quality copy—there is no copy on file at the Office of the Registrar. By signing below the student consents to the release of diploma information from the University of Illinois at Urbana-Champaign. DO NOT SEND THE ORIGINAL DIPLOMA. TRANSCRIPT Processing Information The student's signature is required for release of academic records. By signing below the student consents to the release of their academic transcripts from the University of Illinois at Urbana-Champaign.					
Check which / how many document((s) require(s)	notarization:			
☐ TRANSCRIPT (Charges are for the documents, the	notarization	(Qty) x (Qty) x is at no charge)	\$6.00 ea. = \$_ \$8.00 ea. = \$_ Total Fees \$_		
Payment is required at the time of the request Transcripts will be shipped regular mail unless otherwise specified EXPEDITED SHIPPING OPTION: Domestic Overnight (additional \$30) International (additional \$55): NOTE: OUR EXPEDITED SHIPPING CARRIER CANNOT DELIVER TO PO BOX ADDRESSES.					
Credit Card Information: (WE CAN Card NumberName of Cardholder:	Secur				
Cardholder Signature (if different fro	om Student)	Date			
Student Signature (MUST BE HAN) ******Signature authorize	ĺ		Date Idemic informatio	n. ******	
This request will NOT be processed without BOTH payment authorization and signature of release. Please allow 3 to 5 business days for processing. Please send completed form (and copy of diploma, if applicable) to: Mail: Transcript Unit, Office of the Registrar, 901 W Illinois St, Ste 140 Urbana, IL 61801 Fax: 217-333-3100					