



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 date 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:

- DIPLOMA COPY _____ (Qty) x \$6.00 ea. = \$ _____
- TRANSCRIPT _____ (Qty) x \$8.00 ea. = \$ _____

(Charges are for the documents, the notarization is at no charge) 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 \$32) International (additional \$58):

NOTE: OUR EXPEDITED SHIPPING CARRIER CANNOT DELIVER TO PO BOX ADDRESSES.

Credit Card Information: (WE CANNOT ACCEPT ANY OTHER FORM OF PAYMENT)

Card Number _____ Security Code: _____ Expiration Date: _____

Name of Cardholder: _____

Cardholder Signature (if different from Student)

Date

Student Signature (MUST BE HANDWRITTEN)

Date

******Signature authorizes payment and release of academic information.******

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