

Attn: Office of the Registrar 521 Wall Street, Suite 100 Seattle, Washington 98121-1851 Phone: 206.239.4520/800.426.5596 Ext. 3

> Fax: 206.239.4530 www.cityu.edu

## **Apostille/Authentication Application**

Name:	Student ID:
First (Given) Last (Fami	ily) (or last 4 of SSN)
Applicants Information:	
Email Address:	Phone Number:
Street Address Line 1:	
Street Address Line 2:	
City/State/ Country:	Postal Code:
Do you need to request a new document	t? □Yes □No
If yes, what do you need to requi	·
<ul> <li>For diplomas, what degree</li> </ul>	ee?
<ul> <li>How would you like your</li> </ul>	name printed on the diploma?
accepted by countries participating in the Hague Conver <a href="https://www.hcch.net/en/instruments/conventions/sta">https://www.hcch.net/en/instruments/conventions/sta</a> Please check the type of certification ne	rified for, you may need and Apostille OR an Authentication. Apostilles are only notion. Please check the HCCH Status Table:  tus-table/?cid=41 or contact the diploma desk by email: graduation@cityu.edu.  reded and include the country the certification is for (required)  on - \$45 (Apostille \$30 + Authentication \$15)
Country:	, , , , , , , , , , , , , , , , , , , ,
Mail Option: ☐USPS (Free) ☐US Do	mestic Express - \$20
processing, please contact <u>graduation@cityu</u>	<u>.edu</u> to confirm availability and approximate cost)
TOTAL fo	or all required and requested services: \$
Signature of Student:	
(Required in accordance w	rith the Family Educational Rights and Privacy Act of 1974)
Payment Information: Attach the check or mo	oney order to this application here OR write in your credit or debit
Name on Card:	Date:
Card Number:	Expiration Date:
Signature of Cardholder	Date