

Office of the Registrar

300 Washington Avenue • Chestertown, MD 21620 • PHONE 410-778-7299 • EMAIL registrar@washcoll.edu • WEB <u>https://bit.ly/3G19tCR</u>

## **Apostille & Full Legalization Request Form**

Washington College alumni use this form to request their diploma be Apostilled for legal recognition by an international government or institution. By signing this form, the alum is responsible for the **\$50.00 Apostille fee**, as well as the cost of reordering a diploma. The Registrar's office is responsible for placing a notarized signature on the diploma as well as obtaining the Kent County Clerk of County notary approving the signature. When the alum has received the notarized diploma in the mail, they must deliver the document to the Secretary of State in Annapolis, Maryland. If full legalization is required, the alum is responsible for bringing it to the US Department of State Authentications, as well as to the appropriate foreign consulate.

## Instructions:

1. Complete this form and return it to the Registrar's office.

2. Once you receive your diploma in the mail, it must be delivered to the Office of the Secretary of State in Annapolis, MD. If you are only seeking an apostille, this is the last step.

3. FULL LEGALIZATION ONLY: The diploma must be mailed or personally delivered to the US Department of State Authentications office in Washington DC.

4. **FULL LEGALIZATION ONLY:** The diploma must then be mailed or personally delivered to the foreign country's consulate office for final authorization. Costs, requirements, and addresses vary depending on the consulate.

## **Personal Information**

Last Name	First Name		Μ	
Email address		Phone Number		
Mailing Address (Street Address, P.O. Box, Apt. No)		City/State/Zip Code		
Apostillec	l	□ Fully legalized	1	
I am requesting my diploma to be: (Please check	one)			

I recognize that by signing this form, I will receive an apostilled or legalized diploma, and that I will be responsible for both the associated costs as well as for completing the steps necessary to certify the document.

Student Signature	Date

## **Registrar's Office Only**

Staff Name (Printed)	Staff Signature	Date