



APOSTILLE OR AUTHENTICATION REQUEST FORM

TOWSON UNIVERSITY - REGISTRAR'S OFFICE

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THIS PROCESS REQUIRES A MINIMUM TWO BUSINESS DAYS FOR COMPLETION

DATE: _____ TU ID# or LAST FOUR DIGITS OF SS#: _____

NAME: _____

NAME WHILE ATTENDING TOWSON UNIVERSITY: _____

MAJOR: _____ DATE(S) OF GRADUATION: _____

DEGREE(S): Bachelor's Master's Doctorate Graduate Certificate

DOCUMENTS TO BE NOTARIZED*: DIPLOMA TRANSCRIPT OTHER _____

CONTACT INFORMATION

PHONE: _____

EMAIL: _____

FINAL DOCUMENTS WILL BE: MAILED PICKED UP PICKED UP BY OTHER PERSON (*see below*)

ADDRESS FOR MAILING DOCUMENTS

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIPCODE: _____

IF SOMEONE OTHER THAN YOU WILL BE PICKING UP FINAL DOCUMENTS:

DESIGNEE'S NAME: _____

DESIGNEE'S EMAIL & PHONE NUMBER: _____

SIGNATURE: _____

**MAY BE SUBJECT TO FEES ASSOCIATED WITH THE PRINTING OF TRANSCRIPTS AND/OR DIPLOMA*

PER POLICY THE ORIGINAL TRANSCRIPT AND/OR DIPLOMA WILL NOT BE NOTARIZED. ONLY A LETTER THAT ACCOMPANIES THE TRANSCRIPT WILL BE NOTARIZED OR A COPY OF THE DIPLOMA WILL BE NOTARIZED.

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