



**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  
**Email:** [evaluations@cityu.edu](mailto:evaluations@cityu.edu)

### Apostille/Authentication Application

|   |                           |
|---|---------------------------|
| Name:                                     | Student ID:               |
| <i>First (Given)</i> <i>Last (Family)</i> | <i>(or last 4 of SSN)</i> |

**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?       Yes     No

- If yes, what do you need to request:       Diploma - \$50     Transcript - \$10     Other

- For diplomas, what degree?

- How would you like your name printed on the diploma?

Depending on the Country you need your document certified for, you may need and Apostille OR an Authentication. Apostilles are only accepted by countries participating in the Hague Convention. Please check the HCCH Status Table:

<https://www.hcch.net/en/instruments/conventions/status-table/?cid=41> or contact the diploma desk by email: [graduation@cityu.edu](mailto:graduation@cityu.edu).

**Please check the type of certification needed and include the country the certification is for (required)**

Apostille - \$15

Country:

Authentication - \$25

Mail Option:     USPS (Free)     US Domestic Express - \$20     International Express (*Vendor cost + \$3 processing, please contact [graduation@cityu.edu](mailto:graduation@cityu.edu) to confirm availability and approximate cost*)

TOTAL for all required and requested services:

\$

**Signature of Student:** \_\_\_\_\_

*(Required in accordance with the Family Educational Rights and Privacy Act of 1974)*

**Payment Information:** Attach the check or money order to this application here OR write in your credit or debit card information below.

|                          |                  |
|--------------------------|------------------|
| Name on Card:            | Date:            |
| Card Number:             | Expiration Date: |
| Signature of Cardholder: | Date:            |

*Do you need help with this application?  
 Email the Diploma Coordinator at [Graduation@CityU.Edu](mailto:Graduation@CityU.Edu).*