

SUNY-ESF APOSTILLE REQUEST FORM

Please print legibly:

Last name

First name

M.I.

Former name (if applicable)

Phone # in order for us to contact you if necessary

Email Address

Social Security Number

Dates attended ESF

Year graduated

Date of Birth

Documents to be authenticated:

____ Official transcript (will be printed by SUNY-ESF Registrar)

____ Hold transcript for semester grades to be posted

____ Hold transcript until degree is posted

____ Copy of Diploma (please include with request)

____ Original Diploma

____ Diploma enclosed

____ Order a duplicate diploma (please include a check or money order in US currency for \$30.00 payable to SUNY-ESF)

Please make sure you include all of the required fees and pre-paid envelopes listed on our website with your request. Incomplete requests will NOT be processed.

Handwritten Signature (required)

Date

Please mail your request to:

Registrar's Office - 111 Bray Hall
SUNY ESF
1 Forestry Drive
Syracuse, New York 13210

Or..... Fax your request to Registrar's Office at (315) 470-6656

Or.....Scan and email this form with your signature to... registrar@esf.edu