

# ENDICOTT COLLEGE

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Registrar@endicott.edu

## *Apostille of the Hague Request*

Full Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Current Street Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Should we update this address in your records? \_\_\_\_\_

Contact Phone Number and E-mail Address (REQUIRED FOR FEDEX)

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Graduation date (if applicable): \_\_\_\_\_

Document that needs Apostille and how many:

\_\_\_\_\_ Official Transcript \_\_\_\_\_ Diploma \_\_\_\_\_ Both

Please note: You will need to send your diploma to us. It needs to be your original