Alfred University

Request for an Apostille

| AU ID No | Date |
|---|---|
| Name | |
| Maiden Name or Name when Graduated _ | |
| Date of Birth | |
| Month/ Year Graduated | |
| Degree | |
| Major(s) | |
| Country in which apostille is to be used | |
| Current Address: | |
| E-Mail address: | |
| Has payment been made with Student Acc | counts for the cost of the apostille? |
| • | at 607-871-2123, ask for Student Accounts to make a paymen dditional charges may apply for international addresses. |
| Comments: | |
| | |
| | |
| Completed by internal office personnel: | |
| Student's identity and degree/s verified? | Payment received? |