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Date Received:		
Processor Initials:		

phone: 401.454.6151

454-6151 or registrar@risd.edu.

## **Request for an Apostille**

Requests for an Apostille are accepted for RISD students or alumni who are required to certify a document for countries outside the United States. Please complete this form and send with payment to the above address.

Name:		Student ID (if known):	
Degree (if graduated):			
-mail Address: Phone Number:			
Country Requiring the Apostille:			
Document(s) to be Apostilled:			
Mailing Address (where your Apostille(s) are to	be sent):		
Street:			
City:	State:	Zip Code:	
Country:			
Shipping Information:			
Please choose a shipping option for your Aposti send you an e-mail with your tracking number.	illed documents b	elow. If you choose FedEx, our office will also	
FREE for first-class standard mail			
\$25 for FedEx (domestic) within the U.S	., Canada & Mexi	со	
\$50 for International FedEx			
Payment:			
I have enclosed a check payable to Secretary of	State of RI for th	e amount of: (\$5 per apostille)	
Please be advised that we can only process the documents and payment are received. If you have	•	,	

Credit Card Payment for Shipping Only: Credit card information cannot be submitted using this form. Please call the Registrar's Office or e-mail <a href="mailto:registrar@risd.edu">registrar@risd.edu</a> for directions on this method of payment. <a href="mailto:Do not">Do not</a> include credit card information by e-mail.