

CASE WESTERN RESERVE UNIVERSTIY
Office of the University Registrar
Apostille/Authentication Release Form

First Name: Last Name: EmplID:

Address:

Phone: Email:

Please indicate the documents to be authenticated and quantity needed:

Document(s)	Quantity	Please also submit:	Document cost & processing time (does not include authentication)
<input type="checkbox"/> Transcript	<input type="text"/>	Transcript Request Form	\$7.25 per transcript; 1-3 days
<input type="checkbox"/> Enrollment Verification Letter	<input type="text"/>		No charge; 1-3 days
<input type="checkbox"/> Degree Verification Letter	<input type="text"/>		No charge; 1-3 days
<input type="checkbox"/> Copy of Diploma	<input type="text"/>	A copy of your Diploma	N/A
<input type="checkbox"/> Replacement Diploma	<input type="text"/>	Replacement Diploma Certificate Form	Varies by delivery type selected

Please indicate the reason you need to have the document(s) authenticated and the country in which it will be used:

Reason:
(required)

Country:

Please indicate which authentication level(s) is needed (see [Countries in Hague Convention](#)):

Note: Choosing level two requires level one.

Authentication Level	Authentication Cost	Processing Time
<input type="checkbox"/> 1. State of Ohio	\$5.00 per document	Up to 30 days
<input type="checkbox"/> 2. U.S. Department of State	\$20.00 per document	Up to 30 days

Standard Requests: Up to 30 days
Mail Courier between Authentication Level(s): USPS Mail

Check to request follow-up from the Apostille Authentication Specialist to anticipate cost of FedEx priority overnight service to reduce to/from mailing time between authentication level(s). Circle (by phone or by email) as preferred communication method.

Please indicate the address where you would like your document(s) to be mailed **after completion** of authentication process:

Address:

Please indicate how you would like your document(s) sent to final destination:

- U.S. Mail FedEx*

* If you would like the document(s) to be sent by FedEx, please provide your authorization and credit card information below.

Signature: _____ Date: _____

Please indicate method of payment:

- Cash Check* Visa MasterCard Discover

*Please contact registrar@case.edu for exact pricing before supplying a check.

Credit Card #: CCV#: Exp. Date:

Signature of Cardholder: _____ Print Name: _____

Billing Address:

(Your credit card information will be destroyed once the process is complete.)

- I hereby authorize Case Western Reserve University Registrar's Office to charge credit card information provided all international cost(s) associated with using FedEx Priority overnight service.

For questions regarding this form, please contact the University Registrar's Office at registrar@case.edu or 216-368-4310. Please print and fax this form to 216-368-8711.