

Registrar's Office 4201 S. Washington St. Marion, IN 46953

Email: registrar@indwes.edu | Fax: 765-677-2662 | Tel: 765-677-2131

## APOSTILLE REQUEST

## **Submission Instructions**

- 1. Please print and complete this form in its entirety and email, mail, or fax to the Registrar's Office as listed above.
- 2. Upon review of your form, the IWU Registrar's Office will send you an email with a ShopSite payment link.
- 3. A ShopSite receipt will be delivered to you and the Registrar's Office, at which time the apostille will be sent.

Student name	Student ID or Date of Birth
Address	
Telephone number	What country will be using this apostille?
Email address	Country ID Number, State/Country of issuance (for international requestors)
Apostille amount of \$50 includes origi	nal notarized diploma, transcript, processing, and shipping fees.
• If additional items are required, please	e include document listing required items.
Please contact the accounting office at balance.	ents who have outstanding financial obligations with the University. t Indiana Wesleyan University if you are unsure of your status or account
Name and Mailing Address of FINAL	<b>Destination for Documents -</b> please allow 1-2 weeks for arrival
Organization Name	
ATTN:	
Address	
City / State / Country	
I authorize the Registrar's Office at IWU, Mari	ion, IN, to process this request and send it to the name and address listed above.