# APOSTILLE/PROAUTHENTICATION REQUEST FORM

TOWSON UNIVERSITY Z Y -' / ^ d Z Z [ ^ K & & /
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Towson, Maryland 21252-0001
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THIS PROCESS REQUIRES A MINIMUM TWO BUSINESS DAYS FOR COMPLETION

DATE: _____ TU ID# or LAST FOUR DIGITS OF SS#: _____

NAME: _____

NAME WHILE ATTENDING TOWSON UNIVERSITY: _____

MAJOR: _____ DATE(S) OF GRADUATION: _____

DEGREE(S): Z o } Œ [ • D • š Œ [ • Doctorate Graduate Certificate

DOCUMENTS TO BE NOTARIZED*: DIPLOMA TRANSCRIPT OTHER _____

CONTACT INFORMATION

PHONE: _____

EMAIL: _____

FINAL DOCUMENTS WILL BE: MAILED PICKED UP PICKED UP BY OTHER PERSON (see below)

ADDRESS FOR MAILING DOCUMENTS

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIPCODE: _____

IF SOMEONE OTHER THAN YOU WILL BE PICKING UP FINAL DOCUMENTS:

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