



APOSTILLE REQUEST / RELEASE FORM

INSTRUCTIONS: Please complete, print, sign, and return to Karen Hall, Upper School Registrar.

Name: _____ Date of Request: ____/____/____

Where Apostille is to be sent to after we receive back from the State of Florida:

ADDRESS: _____ PHONE: _____

_____ FAX: _____

NUMBER OF COPIES OF TRANSCRIPT/DIPLOMA: _____

STUDENT/PARENT SIGNATURE: _____

The cost is \$10.00 per copy for the Apostille and \$25.00 and up for Federal Express charges to return Apostille to address listed above. You will need to have funds in the account to process or provide the credit card information below before the request can be processed.

PAYMENT METHOD - Select Card Type: AMEX___ VISA___ MC___

Card Number: _____ Exp. Date: ____/____

TOTAL: \$_____ Name on Card: _____

SIGNATURE: _____

CHECK OFF LIST FOR APOSTILLE PROCESS (for Office Use)

- Funds have been approved in Business Office
- Check has been sent from Business Office
- Apostille returned from State of Florida
- Apostille copied and sent to address on request