

APOSTILLE REQUEST/ RELEASE FORM

INSTRUCTIONS: Please complete, print, sign, and return to Karen Hall, Upper School Registrar at karen.hall@montverde.org

Student Name:						
Date of Request:// Date	e Last Att	tended S	School: _	/	/	
Provide a name and address where Apostille is to be	e sent by	Federa	l Express	after pro	cessed:	
NAME AND ADDRESS:			F	PHONE:		
TOTAL NUMBER OF COPIES OF TRANSCRIPT and or /	DIPLOM	IA:		_		
STUDENT/PARENT SIGNATURE:						
The cost is as follows: (Please select one and circle y	<u>/es</u>)					
\$156.45 per copy (7 to 10 days Service) Yes	No					
\$198.45 per copy (Rush 72 hours) Yes	No					
\$261.45 per copy (Same Day Service if received befo	ore 10:30) am)	Yes	No		
(Please select one and circle yes for Federal Express		- 1				
\$49.00 Federal Express Charge for Domestic	., Yes	No				
\$91.25 Federal Express Charge for International	Yes	No				
Apostilles will be sent to the address listed above. T sent for Apostille.	he charg	ges will l	be proces	sed befor	e the documents	are
Please provide the credit card information below. P	lease no	te a 3%	fee appli	es to cred	it card charges.	
PAYMENT METHOD - Select Card Type: AMEX] _{visa} [мс]		
Name on Card:						
Card Number:				Ехр.	Date:/	
TOTAL Charge on Card: \$ CVV						