

ENDICOTT COLLEGE

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Registrar@endicott.edu

Apostille of the Hague Request

Full Name _____ Student ID # _____

Current Street Address

City _____ State _____ Zipcode _____

Should we update this address in your records? _____

Contact Phone Number and E-mail Address (REQUIRED FOR FEDEX)

Date of Birth _____ Graduation date (if applicable): _____

Document that needs Apostille and how many:

_____ Official Transcript _____ Diploma _____ Both

Please note: You will need to send your diploma to us. It needs to be your original