



**Quincy  
University**  
Office of the Registrar

**QUINCY.EDU**

## Request for Apostille – Diploma

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please send my Apostille/Diploma to:

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I give permission to release my diploma to the party indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_