



Notarization Request Form

AUR Alumni Relations Office – Via Pietro Roselli, 4 – 00153 Rome, Italy
Tel: +39 0658330919 ext. 245 – Fax: +39 06 58330992

Student's current name: _____

Current Address: _____

City _____ State _____ Zip _____ Country _____

Phone number: _____

Email: _____

Print Former Name(s) if different than current name:

I would like to request the Notarization of my AUR Diploma for:

Work Reasons ____ Study Reasons ____

I also require an **Italian** Apostille: YES ____ NO ____

(* For the Declaration of Value issued by the Italian Consulate in Philadelphia you do NOT need an **Italian** Apostille)

Number of transcripts you are requesting with Notarized copy of Diploma: _____

I wish that the notarized Diploma and transcripts be shipped to me: YES ____ NO ____

If YES, please specify a mailing address where you wish to receive the documents requested:

(*Please ensure that the address is complete, correct, and legible. Please provide a physical address as DHL will not deliver to P.O. Boxes)

I understand that all costs (Notarization and Shipping) will be borne by me and not by

The American University of Rome. By signing this request form I agree to the payment of 8€ per transcript requested and 15€ for DHL shipping of the documents.

Date _____

Signature (required) _____

Revised: April 2017