



**Return Form To:**

Registrar's Office, Holloway Hall, Room 120  
1101 Camden Ave, Salisbury, MD 21801  
[registrar@salisbury.edu](mailto:registrar@salisbury.edu), fax: 410-677-5078

## Notary Service Request Form

**A copy of your SU or government-issued photo ID MUST accompany this form.**

Name: \_\_\_\_\_ SU ID# or last 4 of SSN#: \_\_\_\_\_  
*Last First Middle Initial*

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**I need the following document(s) to be notarized (check all that apply):**

\_\_\_\_\_ I will bring in my original diploma to be notarized.

\_\_\_\_\_ I will order a Duplicate Diploma\* to be notarized:

Full name on diploma: \_\_\_\_\_

Graduation Month/Year: \_\_\_\_\_ What degree did you earn? \_\_\_\_\_

\_\_\_\_\_ I am requesting \_\_\_\_\_ copies of my Official Transcript\* to be notarized.

**\*Order duplicate diplomas and official transcripts through our website:**

<http://www.salisbury.edu/registrar/transcripts.html>

Items must be sent to: Registrar's Office, Holloway Hall, Room 120  
1101 Camden Ave, Salisbury, MD 21801

**We recommend that your notarized documents be returned *directly to you*. Please check off how you want the document to be returned (all pick-ups require a photo ID at the time of pick-up):**

\_\_\_\_\_ I will pick up

\_\_\_\_\_ I authorize \_\_\_\_\_ to pick up

\_\_\_\_\_ Mail the document to my address listed above\*

\_\_\_\_\_ Mail to a *different* address specified below\*:

\_\_\_\_\_  
*Recipient Name*

\_\_\_\_\_  
*Recipient Mailing Address*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*\* Mail to continental US addresses only*

\*\* For the full apostille process you must take the diploma to the Wicomico County Court House, Attn: Clerks Office, 101 North Division St, Room 105 Salisbury, Maryland 21801 for verification and seal. Directions may be found for the State of Maryland Certification at: <http://www.courts.state.md.us/clerks/wicomico/index.html>.