

This form is for students or alumni who are requesting to have official transcripts, diplomas, or certificates notarized by a Notary Public through the university. Only documents issued by the Office of the University Registrar can be notarized through our office. Only official documents can be notarized; copies or scans will not be accepted. There is no notary fee. Standard fees for official transcripts and duplicate diplomas apply. To order official transcripts or a duplicate diploma with a notary, please visit the [Chapman Marketplace](#) for payment.

- **Official Transcripts:** To request official transcripts with a notarization, please complete this form and email it to regforms@chapman.edu. Please allow 7-10 business days for processing.
- **Diploma/Certificate:** Original diplomas or certificates can be delivered to our office for notarization. If you need to order a duplicate diploma or certificate, please fill out the Duplicate Diploma/Certificate Request Form in addition to this form. Email the completed forms to regforms@chapman.edu. Please allow 6-10 weeks for processing. Contact conferral@chapman.edu for further questions.

Select the item you would like notarized:

Official Transcripts

Diploma/Certificate

Name: _____

ID: _____

Email: _____

Phone: _____

Years of Attendance: _____

DOB: _____

Delivery Method:

The notarized documents can be picked up in person or mailed on your behalf. If someone other than the student is picking up the documents, the student must sign an authorized release and the designated recipient picking up the documents must provide photo identification upon pick-up.

Pick-up by student

Pick-up by designated recipient.

Name of designated recipient: _____

Mail my notarized documents via

1st Class USPS mail

FedEx Priority Mail (\$25 additional fee)

Mailing Address: _____

For further information about the notary and apostille process for the State of California, please refer to <http://www.sos.ca.gov/notary/authentication/>.

Federal law (FERPA) requires the signature of the student to authorize a release of an academic record. By signing below you are authorizing Chapman University to release the academic record to the above mentioned address or designated recipient. Forms without signatures will not be accepted.

Signature of Student_____
Date