

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

Name: _____ SU ID# or last 4 of SSN#: _____
Last First Middle Initial

Mailing Address: _____

Contact Phone: _____ Contact Email: _____

directly to you

_____ I will pick up
_____ Mail the document to my address listed above*

_____ I authorize _____ to pick up
_____ 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>.