



Request for Diploma/Transcript Authentication for International Use

Student Information

Student ID/Social Security Number: _____ Phone Number: _____

Student Name: _____
Last Name (Family Name) First Name (Given Name)

Former names (please provide all former names): _____

Email Address: _____

Mailing Address: _____
No., Street, City, State, Zip

Diploma/Transcript to Authenticate

Number of Transcripts: _____ Transcripts can be ordered at www.davenport.edu/registrar/transcript

Number of Diplomas: _____ Diplomas can be ordered at www.davenport.edu/registrar/duplicate-diploma

Authentication Request

It is the student's responsibility to provide specific instructions, applicable fees and shipping labels for all authentication requests beyond notarizing. Please check with the country of destination for authentication requirements.

Country of Destination: _____ Notarize Documents: Yes No

For authentications beyond notarizing, provide **specific** instructions below: _____

Student Approval

I authorize Davenport University to release my diploma or transcript according to the instruction I have stated above. I understand that it is my responsibility to provide specific instructions, applicable fees and any needed shipping labels. I further understand that if any of these items are missing, my request may be delayed or returned.

Please Sign: _____
Student's Signature Date

Email completed Request to central.registrar@davenport.edu