

Office of the Registrar

Request for an Apostilled Document

Full Name:		
Graduation Year:		-
Shipping address:		-
Phone number:		
Contact email address:		_
Country of Destination:		
Document to be apostilled:	Diploma Transcript	
For diplomas only:		
Document to be notarized	<i>:</i>	
	Diploma Copy of Diploma	
Diploma Name (name rec	orded on the original diplo	ma):

If you have any questions, please contact us at Registrar@gse.harvard.edu.