



Office of the University Registrar  
 Certification Services  
 7380 W Sand Lake Rd, Suite 500 Orlando, FL 32819  
 Tel: 407.801.5140 Fax: 407.540.9586  
 Web: <http://iulf.education> E-mail: [registrar@iulf.education](mailto:registrar@iulf.education)

### INTERNATIONAL AUTHENTICATION REQUEST

Additional authentication may be required for university academic documents that will be used abroad. The Registrar's Office prepares your notarized documents to attest to their validity, which may be a diploma (original or copy submitted by student), an official transcript (submitted by student), or an official verification.

*Verification requests submitted using this form are normally completed by the registrar within 3-5 business days and within 5 days or longer during peak periods by the Florida Secretary of State.*

Shipping of documents may require *WEEKS* if sent *Internationally*. All certification fees must be paid in advance and are nonrefundable.

**Do not submit fee payment without first verifying your academic and financial standing with the Registrar's Office!**

***Please note that this form will not be processed if there are any financial holds on the student record.***

Student Name: \_\_\_\_\_

	Last Name	First Name	Middle Initial
ID Number: _____		Date of Birth: _____	(mm/dd/yyyy)
E-mail: _____		Telephone: _____	

#### Number of Authentications Requested:

Processing Fee (Flat fee)	= \$	40
Diploma _____ x \$20.00 each	= \$	_____
Transcript _____ x \$20.00 each	= \$	_____
Verification _____ x \$20.00 each	= \$	_____
Shipping ( Flat Fee)	USA= \$	30
	International= \$	260
<b>Total</b>	<b>= \$</b>	<b>_____</b>

**Do not submit fee payment without first verifying charges with Registrar's Office Certifications Services.**

**(Submit credit card or cash payment in person at Cashier's Office or fax credit card authorization form on next page.)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hold for pick up     Mail to Address \_\_\_\_\_

**Registrar Use Only:** Payment Receipt \_\_\_\_\_ Notarized By \_\_\_\_\_ Released By \_\_\_\_\_ Release Date \_\_\_\_\_

**INTERNATIONAL AUTHENTICATION**  
**Payment Authorization**

**Email:** [Billing@iulf.education](mailto:Billing@iulf.education)

**Fax To:** 407-540-9586

**Call:** 407-801-5140

**Do not submit fee payment without first verifying charges with Registrar's Office.**

Student Name: \_\_\_\_\_  
Last Name First Name Middle Initial

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Total Authentication Fee = \$** \_\_\_\_\_

**Credit Card Authorization (Email/Fax or In Person)**

Date: \_\_\_\_\_ Card Type:  MasterCard  Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_ .00

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Cash Payment (In Person Only):** Amount Paid: \$ \_\_\_\_\_ .00