NOTARIZATION REQUEST

Virginia Tech Office of The University Registrar

250 Student Services Bldg (0134) Blacksburg, VA 24061 Email: registrar@vt.edu Phone: (540) 231-6252 Fax: (540) 231-5527

Student Information:	
Student's Name:	Date:
Student I.D.#:	Email:
Address:	
Home Phone:	Day Phone:
Student Signature:	
Note: Student Signature must be handwritten and is i	necessary before notarization process can be completed.

Reque	est:
	I am requesting that (#) copies of my Diploma be notarized.
	I am requesting that (#) copies of my Letter of Certification be notarized.

De	livery	:

 \Box I will pick up the document(s) one (1) week (five business days) from today.

□ Mail the notarized documents to:

Contact Name (ATTN): _

Address: