



University of California
Santa Barbara

DIPLOMA NOTARY REQUEST (PHOTOCOPY AND ORIGINAL)

Office of the Registrar
Academic Services
University of California, Santa Barbara
Santa Barbara, CA 93106-2015
Phone: 805-893-3592
Fax: 805-893-2985
<http://www.registrar.ucsb.edu>
graduationmatters@sa.ucsb.edu

Instructions: Complete all requested information. Please print clearly. Please make all checks payable to: UC REGENTS. This form AND the original diploma must be returned to: Office of the Registrar, Academic Services, University of California, Santa Barbara, CA 93106-2015

Student's name: _____

Perm number: _____ **or** last four digits of your SS#: _____

I am requesting that the UCSB Office of the Registrar notarize a photocopy/photocopies of my original diploma, and that the UCSB Office of the Registrar notarize my original diploma directly on the back of the original diploma.

Notarization Options:

	Fee:	Fee Amount:
<input type="checkbox"/> First notarized copy	\$25.00	\$25.00 <small>CC: 4108 - \$10.00 - SH CC: 4546 - \$15.00 - NT</small>
<input type="checkbox"/> Additional notarized copies: I am requesting _____ additional notarized copies	\$15.00 <i>each</i> _____ x \$15.00 =	\$ _____ <small>CC: 4546 - NT</small>
<input type="checkbox"/> Notarization on original diploma Country this notary will be used for: _____	\$35.00	\$35.00 <small>CC: 4108 - \$20.00 - SH CC: 4546 - \$15.00 - NT</small>

Mailing Options:

Select only one

<input type="checkbox"/> I have provided a pre-paid FedEx, UPS, or USPS mailing envelope	\$0.00	
<input type="checkbox"/> I request that my original diploma and all notarized copies be mailed to a domestic address	\$19.00	
<input type="checkbox"/> I request that my original diploma and all notarized copies be mailed to an international address	\$24.00	

Total Fee: \$ _____

Please mail my original diploma and notarized copies to:

*Please note, the UCSB Office of the Registrar cannot forward your diploma, notarized copies, or other documents to another address. They can only be returned directly to you.

Address: _____

Student's signature (**required**): _____

Phone number: _____ Email address: _____

Office of the Registrar use only			
Notarized:	Mailed:	Cashier's Validation	
Date: _____ Time: _____	Date: _____ By: _____		
Totals:			
CC 4108 - SH: <u>\$30.00</u>	CC 4546 - NT: _____	CC 0770 - DM: _____	Last updated 1/30/2017