



Office of the Registrar
 Certification Services
 1507 S Hiwassee Rd Suite 114 Orlando, FL 32835
 Tel: 407.745.1700 Fax: 407.540.9586
 Web: www.americanhigh.us E-mail: info@americanhigh.us

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= \$ 20
	International= \$ 200
Total	= \$ _____

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@americanhigh.us

Fax To: 407-540-9586

Call: 407-745-1700

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