



# NEW MEXICO MILITARY INSTITUTE

OFFICE OF THE REGISTRAR

(575) 624-8070 | [registrar@nmmi.edu](mailto:registrar@nmmi.edu) | Fax: 575-624-8073

## APOSTILLE REQUEST FORM

Cadet ID Number	
Cadet Last Name	
Cadet First Name	
Contact phone number	
Non-NMMI Email address	

## ADDRESS TO MAIL APOSTILLE

Mexico Address:		U.S. Address:	
City/State:		City/State:	
Zip Code/Country:		Zip Code/Country:	
Postage Fee Federal Express	<b>\$50.00</b>	Priority Mail Fee	<b>\$7.95</b>
Transcript Fee:	<b>\$3.00</b>	Transcript Fee:	<b>\$3.00</b>
Money Order Fee:	<b>\$.99</b>	Money Order Fee:	<b>\$.99</b>
Money Order Amount:	<b>\$3.00</b>	Money Order Amount:	<b>\$3.00</b>
<input type="checkbox"/> High School		<input type="checkbox"/> High School	
<input type="checkbox"/> College		<input type="checkbox"/> College	
<b>Total Charges Approved</b>	<b>\$ <u>56.99</u></b>	<b>Total Charges Approved</b>	<b>\$ <u>14.94</u></b>

I authorize the release of my transcript to the Secretary of State for the purpose of the Apostille as requested.

Send:  NOW  END of TERM

Signature (Parent or Cadet): \_\_\_\_\_

**RETURN COMPLETED FORM TO REGISTRARS OFFICE, THEN  
CONTACT THE NMMI CASHIER AT (575)624-8081 TO MAKE PAYMENT.**

NMMI Use Only:

NMMI Cashier Initials: _____	Total Amount Paid: \$ _____
------------------------------	-----------------------------