

## State of Utah Office of the Lieutenant Governor Document Authentication Request Form

(801) 538-1041

Website: authentications.utah.gov Email: authentications@utah.gov For USPS: 350 N. State Street, Suite 220 PO Box 142325 Salt Lake City, Utah 84114 For UPS, FedEx: Office of Lieutenant Governor 350 N. State Street, Suite 220 Salt Lake City, Utah 84103

| For Office Use Only:    |      |
|-------------------------|------|
| Receipt #               |      |
| Amount Due \$           | Туре |
| Date Received           |      |
| Date Mailed/Picked up _ |      |
| Notes:                  |      |

COVID-19 Updates: Starting Monday, March 23, 2020, we will only be accepting documents via mail and returning them via mail. Pickup service will no longer be available. If same-day service is necessary, you may schedule an appointment related to authentications by calling (801) 538-1041. Calls will be accepted Monday – Friday, 8:00 am – 5:00 pm.

## **Important Information**

Carefully review information on the website if you have any questions concerning your authentication request.

- \* Please note the office of the Lt. Governor does not track mail once it has left the office, and is not responsible for items lost in the mail. Documents will be sent using USPS first class postage if a prepaid shipping option is not provided.
- \* Processing time does NOT include shipping.

## Checklist

(Please verify all the following to avoid delays with your request)

Each section below is completely filled out Payment is enclosed Document(s) to be authenticated are enclosed \*Self-addressed envelope

Revision Date: 03/20/2020

| Section 1. FOREIGN COUNTRY in which your documents will be used: |             |      |                       |       | Nui                 | <b>Number of Documents</b> |  |  |
|--|-------------|------|-----------------------|-------|---------------------|----------------------------|--|--|
| Name of Foreign Country  |             |      |                       |       |                     |                            |  |  |
|  |             |      |                       |       |                     |                            |  |  |
| Castian 2 Dagmastan  | T f         |      |                       |       |                     |                            |  |  |
| Section 2. Requestor   | Information |      |                       |       |                     |                            |  |  |
| Requestor's First Name   |             |      | Requestor's Last Name |       |                     |                            |  |  |
| Address  |             | City |                       | State |                     | Zip Code                   |  |  |
| Phone Number   | Email       |      |                       |       | Preferred Method of | Contact                    |  |  |
|  |             |      |                       |       | Email               | Phone                      |  |  |

| Section 3. Fees and Processing Times (per document)   | <b>Delivery Options (please select ONE)</b>   |  |  |
|---|---|--|--|
| \$20: 3-5 business days   | Mail to the above address (NO TRACKING)   |  |  |
| \$55: Next business day (\$20 + \$35 expedited fee)   | Mail in the included prepaid envelope   |  |  |
| \$95: Same day – up to 2 hours (\$20 + \$75 expedited fee)  | \$10 International shipping fee without a prepaid envelope  |  |  |
| * Preferred methods of payment are card (written below) and check. We will accept cash if you do not have an alternative method of payment. Please put check and cash in a sealed envelope. | * Due to COVID-19, we are no longer letting customers pick up their documents. All documents must be mailed out. If you wish to have tracking, you must provide your own trackable return envelope. |  |  |
| * For guaranteed same day service, please include a FedEx prepaid envelope. All other shipping options are not guaranteed to be mailed out the same day received.                           |   |  |  |

| Section 4. Credit Card Information |                                |  |  |
|------------------------------------|--------------------------------|--|--|
| Name on Card                       |                                |  |  |
|                                    |                                |  |  |
| Expiration Date                    | CVV Code                       |  |  |
|                                    |                                |  |  |
| Card Number                        | <b>Authorization Signature</b> |  |  |
|                                    |                                |  |  |