DIPLOMA REPLACEMENT FORM

Please complete the form below and enclose when submitting your payment and transcripts.

ALL INFORMATION IS REQUIRED BELOW.

SCHOOL NAME:	
CITY/STATE ZIP:	
COUNTY:	
STUDENT SHIPPING INFORMATION	
FIRST NAME:	
LAST NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
EMAIL ADDRESS:	
PRIMARY PHONE NUMBER:	
STANDARD PRODUCTION SCHEDULE IS APPROXIMATELY 6 WEEKS	***6 WEEK PROCESS STARTS ONCE WE RECEIVE ALL REQUIRED DOCUMENTS AND PAYMENT***
REPLACEMENT AMOUNT INCLOSED	**CHECK OR MONEY ORDER NUMBER:** **#:** _____

COMMENTS:

REPLACEMENT CHECKLIST:

- ☐ **COMPLETED REPLACEMENT FORM**
- ☐ **OFFICIAL TRANSCRIPTS OBTAINED FOR YOUR SCHOOL**
- ☐ **CHECK OR MONEY ORDER MADE OUT TO HERFF JONES**

MAIL TO:
HERFF JONES
ATTN: DIPLOMA CUSTOMER SERVICE
4601 W. 62ND STREET
INDIANAPOLIS, IN 46268

CALL US FOR QUESTIONS OR CONCERNS. 1-800-635-5670

THE NAME PRINTED ON YOUR REPLACEMENT DIPLOMA WILL BE HOW IT READS ON YOUR OFFICIAL TRANSCRIPT