



Savannah-Chatham County Public School System

Request for Duplicate Diploma

Department of Data and Accountability
Office of Records Management Page
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USE BLACK INK ONLY

To: Herff-Jones, Inc.

Student Name as Enrolled: _____

Name of School Attended: _____

Graduation Date: _____

Fee Enclosed: \$35.00

Mail Duplicate Diploma To:

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

CONTACT NUMBER

Signature: _____

*Please mail the \$35.00 processing fee (money order/cashier check made payable to Herff-Jones)
with picture ID to:*

Records Management • 2 Laura Avenue • Savannah, Georgia 31404

*Diploma covers must be ordered separately.
Allow eight (8) weeks for the processing and printing of the diploma.*

For Record Management Use Only:

DIPLOMA TYPE: _____

PROCESSED BY: _____

DATE: _____