

# DIPLOMA REPLACEMENT FORM

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

**ALL INFORMATION IS REQUIRED BELOW.**

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

**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. 62<sup>ND</sup> 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\**