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 WHILE ENROLLED:	
ADDRESS:	
CITY/STATE/ZIP:	
EMAIL ADDRESS:	
PRIMARY PHONE NUMBER:	
WOULD YOU LIKE A PDF COPY AS WELL:	
THE STANDART PRODUCTION SCHEDULE IS APPROXIMATELY 6 – 8 WEEKS	***THE 6 – 8 WEEKS PROCESS STARTS ONCE WE RECEIVE ALL REQUIRED DOCUMENTS AND PAYMENT***
REPLACEMENT AMUNT INCLOSED: **$_____._____**	**CHECK OR MONEY ORDER NUMBER:** **#: _____**

COMMENTS:

REPLACEMENT CHECKLIST:

- ☐ **COMPLETED REPLACEMENT DIPLOMA FORM**
- ☐ **OFFICIAL TRANSCRIPT OBTAINED FROM YOUR SCHOOL**
- ☐ **CHECK OR MONEY ORDER MADE PAYABLE TO HERFF JONES**

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

CALL US WITH ANY HAVE QUESTIONS OR CONCERNS. 1-800-635-5670

THE NAME PRINTED ON YOUR REPLACEMENT DIPLOMA WILL BE THE SAME AS IT READS ON YOUR OFFICIAL TRANSCRIPT
****ANY REQUESTS RECEIVED WITH MISSING INFORMATION / DOCUMENTATION WILL BE RETURNED TO YOU UNPROCESSED****