

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 4501 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