



Request for Replacement Diploma

Office of Technology and Business Systems
Records Management
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USE BLACK INK ONLY

To: Herff-Jones, Inc.

Please issue a replacement diploma for the individual referenced below, ensuring the student's name appears on the diploma exactly as enrolled.

Mail the replacement diploma to the designated recipient at the postal address provided. If an email address is provided, please also send a PDF version of the diploma to that address.

Student Name as Enrolled: _____

Name of School Attended: _____

Graduation Date: _____

Fee Enclosed: \$35.00 Online payment order number: _____

Mail Duplicate Diploma To:

NAME _____

STREET ADDRESS _____

CITY, STATE, POSTAL CODE _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

Signature: _____

Please mail the \$35.00 processing fee (money order/cashier check made payable to Records Management) with picture ID to:

Records Management • 2 Laura Avenue • Savannah, Georgia 31404

Online payments: The online order number is required for processing. Submit the completed form with picture ID.

**Note: The order of a replacement diploma does not include the diploma cover.
Allow eight (8) weeks for the processing and printing of the diploma.**

For Record Management Use Only:

DIPLOMA TYPE: _____

PROCESSED BY: _____

DATE: _____