Howard University
Diploma Replacement Request Form

The name that appears on the original diploma will be printed on the replacement diploma.

Last Name
(As appears on the original diploma)

First Name

Middle Name

Address

City

State

Country

Zip

Phone: ____________________________

E-Mail Address: ____________________

Howard Student I.D. Number or SSN: ____________________________

Date of Graduation: ____________________________

Day

Month

Year

Degree Received: ____________________________

From the School or College of: ____________________________

Justification for replacement: (Any remaining portion of the diploma must be returned with this form.)

________________________________________________________________________

This affidavit is executed for the purpose of securing a replacement diploma from Howard University. ____________________________

(Initial)

Signature

Date

Notary Signature

- This request form must be NOTARIZED.
- All portions must be completed and the $55.00 fee received before the request can be processed.

Please feel free to direct any questions to:

Phone: (202) 806-2705

E-Mail: registrar@howard.edu

Office of the Registrar – Howard University
Mordecai Wyatt Johnson Administration Building – Suite 105
2400 Sixth Street, NW
Washington, DC 20059

AFFIX
NOTARY SEAL
HERE