C

Howard University
Diploma Certification 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: _____

Mail to address: Please provide address below or place a check in the appropriate box.

Use Address (above) ☐ **For Pick-Up** ☐

_____
Address

_____
City State Country Zip

_____ _____
Signature Date

- **This request form will not be processed until ALL portions are completed.**
- **A photo copy of you diploma must accompany your request.**

Please feel free to direct any questions to:

Phone: (202) 238-2596
E-Mail: c_m_williams@howard.edu

Office of the Secretary – Howard University
Howard University Center – Suite 728
C/o Mrs. Carolyn Williams
2225 Georgia Ave, NW
Washington, DC 20059