

Howard University Diploma Replacement Request Form

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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
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Address

City	State	Country	Zip
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Phone: _____

E-Mail Address: _____

Howard Student I.D. Number or SSN: _____

Date of Graduation: _____
Day Month Year

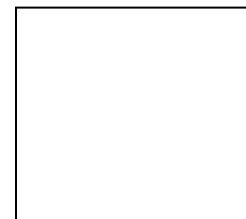
Degree Received: _____

From the School or College of: _____

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

This affidavit is executed for the purpose of securing a **replacement** diploma from Howard University. _____
(Initial)

Signature Date



Notary Seal

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) 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