Howard University Diploma Replacement Request Form

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

Last Name First Name (As appears on the original diploma)				Middle Name	
Addres	ss				
City	Stat	e	Country	Z	ip
Phone:					
E-Mail Address:					
Howard Student I.D. Numl	ber or SSN:				
Date of Graduation:	Day	Month	Year		
Degree Received:					
From the School or Coll	ege of:				
Justification for replacement	nt: (Any remaini	ng portion of the dip	loma must be returned	with this from	.)
This affidavit is executed f	for the purpose of	securing a replacem	nent diploma from Hov	ward Universit	y(Initial)
				ſ	AFFIX
Signature			Date		NOTARY SEAL
					HERE
	Notary	Signature		— L	

- 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:

Office of the Registrar – Howard University

Mordecai Wyatt Johnson Administration Building – Suite 105

Phone: (202) 806-2705

E-Mail: registrar@howard.edu 2400 Sixth Street, NW

Washington, DC 20059