

# DIPLOMA REPLACEMENT FORM

Please complete the form below and enclose when submitting your payment and transcripts.

**ALL INFORMATION IS REQUIRED BELOW.**

SCHOOL NAME:	
CITY/STATE ZIP:	
COUNTY:	
STUDENT SHIPPING INFORMATION	
FIRST NAME:	
LAST NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
EMAIL ADDRESS:	
PRIMARY PHONE NUMBER:	
<b>*STANDARD PRODUCTION SCHEDULE IS APPROXIMATELY 6 WEEKS*</b>	<b>*6 WEEK PROCESS STARTS ONCE WE RECEIVE ALL REQUIRED DOCUMENTS AND PAYMENT*</b>
REPLACEMENT AMOUNT INCLOSED	<u>CHECK OR MONEY ORDER NUMBER:</u> #: _____

COMMENTS:

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## REPLACEMENT CHECKLIST:

- ☐ COMPLETED REPLACEMENT FORM
- ☐ OFFICIAL TRANSCRIPTS OBTAINED FOR YOUR SCHOOL
- ☐ CHECK OR MONEY ORDER MADE OUT TO HERFF JONES

**MAIL TO:**  
**HERFF JONES**  
**ATTN: DIPLOMA CUSTOMER SERVICE**  
**4601 W. 62<sup>ND</sup> STREET**  
**INDIANAPOLIS, IN 46268**

**CALL US FOR QUESTIONS OR CONCERNS. 1-800-635-5670**

*\*THE NAME PRINTED ON YOUR REPLACEMENT DIPLOMA WILL BE HOW IT READS ON YOUR OFFICIAL TRANSCRIPT\**