

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:	
STANDARD PRODUCTION SCHEDULE IS APPROXIMATELY 6 WEEKS	*6 WEEK PROCESS STARTS ONCE WE RECEIVE ALL REQUIRED DOCUMENTS AND PAYMENT*
REPLACEMENT AMOUNT INCLOSED	CHECK OR MONEY ORDER NUMBER: #: _____

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. 62ND STREET
INDIANAPOLIS, IN 46268

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