

DIPLOMA REPLACEMENT REQUEST

Instructions: If your diploma was stolen or destroyed in a fire or any other catastrophic event, you must submit a police or insurance report. If damaged, the original diploma must be returned with the request for replacement diploma. If the diploma was lost, we require some type of proof, be it an insurance or notarized statement stating the facts. Please attach a cover letter explaining the reason for the replacement request.

The charge for a replacement diploma is \$115.00 (plus \$20.00 for postage). Make check payable to **Harvard University**. Please include a separate check for postage.

Send the completed form, original diploma (if applicable), documentation and fees to:
Harvard T.H. Chan School of Public Health, Registrar's Office
677 Huntington Avenue, Room G4
Boston, MA 02115.

Name as it appears on original diploma:

Last Name: _____ First Name: _____

Middle Name: _____

Name as you wish it to appear on replacement diploma:

Last Name: _____ First Name: _____

Middle Name: _____

Degree received from the Harvard Chan School: _____

Department: _____ Date of Graduation: _____

Concentration (Environmental Health Students Only): _____

Mailing address after graduation: _____

Phone: _____

Email: _____

Please note: Since diplomas are only printed three times a year, it may take 3-5 months to receive a replacement.

- I will pick up the replacement diploma at the HSPH Registrar's Office. Please call me when it is available for pick up.
- I have enclosed the appropriate mailing fee (\$20.00) and would like my diploma mailed to the address listed above.
- I have enclosed \$115.00 for the cost of the replacement diploma, appropriate mailing fee, the original diploma or police/ insurance report, and a cover letter.

Alumnus/a Signature: _____ Date: _____

Notary:

_____ personally appeared before me the undersigned notary public with satisfactory evidence to authenticate his/her identify, which were _____ to be the person whose name is signed on the preceding or attached document on _____ day of _____, 20____.

Notary Public, My Commission Expires (date)

Notary Seal

OFFICE USE ONLY

- \$20.00 Mailing Fee Received \$115.00 Mailing Fee Received Cash: _____
- Check # _____ Initial: _____
- Diploma Sent: ____ / ____ / _____