

Howard University Diploma Certification Request Form

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 |
|---|------------|-------------|

Address

| | | | |
|------|-------|---------|-----|
| City | State | Country | Zip |
|------|-------|---------|-----|

Phone: _____

E-Mail Address: _____

Howard Student I.D. Number or SSN: _____

Date of Graduation: _____
Day
Month
Year

Degree Received: _____

Mail to address: Please provide address below or place a check in the appropriate box.

Use Address (above) For Pick-Up

Address

| | | | |
|------|-------|---------|-----|
| City | State | Country | Zip |
|------|-------|---------|-----|

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

- **This request form will not be processed until ALL portions are completed.**
- **A photo copy of you diploma must accompany your request.**

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|---|--|
| Please feel free to direct any questions to: Phone: (202) 806-2705 E-Mail: registrar@howard.edu | Office of the Registrar – Howard University Mordecai Wyatt Johnson Administration Building – Suite 105 2400 Sixth Street, NW Washington, DC 20059 |
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