REQUEST FOR REPLACEMENT DIPLOMA
Harvard School of Public Health

Instructions: Fill out the form completely and legibly. Attach a cover letter explaining the reason for the replacement request. The original diploma must be returned with the request for replacement diploma. If requesting a name change, you must submit legal documentation of the name change. If the diploma was stolen or destroyed, you must submit a police or insurance report.

The charge for a replacement diploma is $115.00 (plus $12.00 for U.S. postage or $15.00 for international postage). Please include a separate check for postage.

Send the completed form, original diploma, documentation and fees to: Harvard School of Public Health, Registrar's Office, 677 Huntington Avenue, Room G4, Boston, MA 02115.

Name as it appears on original HSPH diploma:

_____

First Middle Last

Name as you wish it to appear on replacement diploma:
(If your name has changed you must submit legal documentation of the change)

_____

First Middle Last

Degree Received from HSPH (check one): ❒MPH ❒MOH ❒SM ❒SD ❒DPH ❒Other_____

Department_____ **Date of Graduation**_____
Month/Year

Concentration (Environmental Health Students Only):_____

Address: _____

_____

_____

Phone: (_____)_____-_____

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 ($12 - U.S. or $15 - International) 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 report, and a cover letter.

_____ _____
Alumnus/a Signature Date

OFFICE USE:
Date requested: _____ Date sent:_____ Initial:_____

White - Publisher Yellow - Registrar's Office Pink - Alumnus/a