

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
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Address

City	State	Country	Zip
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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
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Signature _____

Date _____

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

<p>Please feel free to direct any questions to:</p> <p>Phone: (202) 806-2705</p> <p>E-Mail: egaston@howard.edu</p>	<p>Office of the Registrar – Howard University Mordecai Wyatt Johnson Administration Building – Suite 105 c/o Mr. Ernest Gaston 2400 Sixth Street, NW Washington, DC 20059</p>
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