



OFFICE OF THE REGISTRAR
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REPLACEMENT DIPLOMA/CERTIFICATE REQUEST FORM

(Please allow 4 - 6 weeks for delivery)

Name on original diploma/certificate: _____
(print clearly)

ID# _____ DOB _____ TELEPHONE # _____

YEAR GRADUATED _____ DEGREE AWARDED _____

PAYMENT OPTIONS

A \$20.00 processing fee must accompany this form.
(For diploma replacements only)

Cash [] *Check [] Charge Card # _____
(Only Mastercard, Visa or Discover accepted)

Expiration Date _____ VCode _____
(last 3 digits on back of card)

*Payable to NHTI

Do you want us to hold your replacement diploma/certificate for pickup? Yes [] No []

Mail Diploma/Certificate To: _____

Signature _____ Date _____

PLEASE NOTE THE FOLLOWING POLICY:

If someone other than you will be picking up your diploma/certificate, they must bring written authorization from you, as well as a picture ID, to be able to pick up your diploma/certificate from our office.