

Application for Replacement Diploma

In the event that an original diploma has been lost or stolen, Holy Family University offers the service of a replacement diploma. The fee for a replacement diploma is \$35.

If you earned more than one degree at Holy Family and wish to request a replacement diploma for each degree, please complete a separate form for each diploma. The form may be photocopied and is available on the University's Web site at www.holyfamily.edu under the Registrar's Office link.

The University will acknowledge your request as soon as it is received, and fulfilling your request will take six to eight weeks. After you have submitted your application, please notify the Registrar's Office if your address changes so that we can ensure the safe, timely delivery of your diploma.

Questions? Please contact the Registrar's Office at sbeiter@holyfamily.edu or call 267-341-3472.

Mail your completed application and \$35 fee to:

Holy Family University
Registrar's Office
9801 Frankford Avenue
Philadelphia, PA 19114-2094

Please PRINT all responses

Name at Graduation*: _____

Name as you would like it to appear on the Replacement Diploma (if different from name at graduation a name change form must be filled out, contact Registrar's Office for information):

Degree Earned*: _____

Date Degree Earned*: _____

Address at the time the degree was awarded was:

Street: _____

City: _____ State: _____ Zip: _____

Current Address (Your Holy Family Diploma will be sent to this address unless you note otherwise.)

Street: _____

City: _____ State: _____ Zip: _____

Social Security Number*: _____ - _____ - _____

E-mail address: _____

Daytime telephone number: (____) _____

Evening telephone number: (____) _____

I certify that all the information I have provided to Holy Family University in this application and in any other supporting documents is true and correct and that I have not knowingly withheld any information. I understand that any misrepresentation or material omission of fact is cause for rejection of this application.

Signature: _____

Date: _____

* Required Information

Fee may be paid by check mailed to the University or by Credit card.

We accept: Visa MasterCard Discover American Express

Account #: _____

Name and Address of Cardholder

CVV Code: _____

Expiration Date: _____

Amount: _____

The CVV Code for Visa, Mastercard, and Discover is the last 3 digits printed on the signature strip on the back of the credit card. For American Express use 4 digits on the right of the front of the card, above your card number.