



JOHN F. KENNEDY UNIVERSITY
REQUEST FOR REPLACEMENT DIPLOMA
Request must be accompanied by the current replacement fee.
Check University catalog for current fee.

Name _____
Last First Middle Student ID # (or social security #)

Other names you have used: _____

Current Address _____
Street

_____ Telephone # (____) Birth Date _____
City State ZIP

Type of Degree (BA, MA, PsyD, JD, Certificate) _____ Years of Attendance _____

Degree or Certificate Date _____

NO DIPLOMAS WILL BE SENT IF YOU HAVE ANY HOLDS ON YOUR ACCOUNT

COMPLETE AS APPROPRIATE:

- _____ Send diploma to above address
- _____ Hold for pickup at the Registrar’s Office

SIGNATURE _____ DATE _____

Original signature required - no copy or fax. The Family Educational Rights & Privacy Act (FERPA) of 1974 prohibits the release of the diploma without the student’s written consent.

Accounting Office Stamp:
Replacement Diploma Fee: current fee

Office Use Only
Date Mailed: _____ Processed by: _____