

DIPLOMA REPLACEMENT REQUEST

Processing Fee: \$40 plus additional shipping & handling for overnight/international delivery requests.

Last Name	First Name	Middle Initial	Maiden Name	Other Last Names
Mailing Address				
City	State	Z	Cip	Daytime Phone
E-Mail Address				Date of Birth
Diploma Name: *Diploma name shoul	ld state your name exac	etly as you want it is	_Graduation Year: sued on your diplom	a*
Check one of the c	onditions listed belo	ow:		
Will pick up	replacement diploma	a; call this numbe	r	
Mail the repla	acement diploma to	the address listed	above.	
Signatu	re			Date
Com	pleted Form and	Original Diplo	oma must be m	ailed to:
	Jo	ohnson Univers	sity	
Registrar's Office				
		900 Johnson D		
	K	Knoxville, TN	37998	
The request	will be processed u	pon receipt of fu	ıll payment and o	original diploma.
Request Received i	in Registrar's Office	with Original Di	rloma:	

Date Printed and Person Notified or Mailed:

Policy for Requesting a Replacement Diploma with the New Name (Johnson University)

- 1. Replacement Request must be completed and delivered to the Registrar's Office
- 2. Original diploma must be returned with the form
- 3. Replacement diplomas will be printed in a timely manner which will probably be within the month of request
- 4. New diploma will use the current signatures on file. Signatures will include current university president, chairman of board trustees, chief academic officer, and university registrar.
- 5. New diploma will be issued with the current format for diploma size. This could mean the new diploma is smaller than original size.
- 6. Diploma will contain a statement indicating that this is a replacement diploma with the date of replacement.