Replacement Diploma Request Form

Donald and Barbara
Zucker School of Medicine
at Hofstra/Northwell
Office of Student Records
500 Hofstra University
Hempstead, NY 11549-5000
e-mail: SOMRegistrar@hofstra.edu
phone: 516.463.7596

Directions: This form may be used to request a replacement diploma. You must provide the original diploma or proof of how the original diploma was lost or destroyed (e.g. police report of theft). This form must be mailed to the address listed above with a check made out to Hofstra University for $30 and applicable delivery fees (see below).

Section I: Alumni Information

Date: ___________________________ Hofstra ID (700#): ___________________________

Last Name: ___________________ First Name: _____________________ Middle Initial: _____

Name under which you attended (if different): _________________________________________

Current Address Line 1: _____________________________________________________________

Current Address Line 2: _____________________________________________________________

State: _________ Zip: _______________ Phone Number: _________________________________

Email Address: ___________________________ Graduation Year: _________________

Section II: Proof of Identity

Please select one and include a copy with this form:

☐ Photocopy of your driver’s license
☐ Birth certificate
☐ U.S. Passport
☐ U.S. SSN card

Section III: Reason for Replacement Diploma

☐ Diploma was lost or stolen (please provide proof).
☐ Name change – In order to process this request, we also need you to submit a Name Change Form. Your name will be officially changed in all of our student information systems.
**Section IV: Delivery Type**

Please select one and add fee to check total if applicable:

- [ ] USPS first class mail to U.S. address    NO FEE
- [ ] USPS airmail to international address    NO FEE
- [ ] Pick up in-person at the Zucker School of Medicine    NO FEE
- [ ] USPS express mail to U.S. address    $15.00
- [ ] FedEx to U.S. address    $25.00
- [ ] FedEx to international address    $35.00

Mail To (Name and Address):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Section V: Delivery Type**

Please acknowledge the following by signing below:

1. Your replacement diploma will resemble the original except that it will have the current school name (Donald and Barbara Zucker School of Medicine at Hofstra/Northwell) and the signature of the President and Dean will be those of the current officers.
2. Orders will be processed within two days of receipt of this request form. You will be notified when the request is received. Please allow up to two months for delivery of replacement diploma.
3. The size of the diploma is 8½” x 11”.

Signature: ____________________________________________________________

Print Name: ____________________________________________________________

Date: ____________________________

For Office Use Only:

Date Received: ________________    Date Replacement Diploma Mailed: ________________