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
email: 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):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________