



DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL®

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 (in case of name change), or a signed statement explaining that the original diploma was lost or destroyed. This form must be mailed to the address listed above with a check made out to Hofstra University for \$30 **in addition to** any 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 signed letter with explanation).
- 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 ADDED FEE
- USPS airmail to international address NO ADDED FEE
- Pick up in-person at the Zucker School of Medicine NO ADDED FEE
- USPS express mail to U.S. address \$15.00 in addition to \$30 required fee
- FedEx to U.S. address \$25.00 in addition to \$30 required fee
- FedEx to international address \$35.00 in addition to \$30 required fee

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: _____