



Official Request for a Replacement Diploma

Office of Enrollment Services
Northeast Ohio Medical University
P.O. Box 95
Rootstown, Ohio 44272-0065

Replacement Diploma Policy

- For graduates who seek to replace their diploma, the new diploma will bear the current name of the University and signatures of the current administration. It will be marked "official replacement." Diplomas will bear the alum's name that is on file at the time of his/her graduation, unless the request is accompanied by documentation certifying a legal name change (certified copy of a court order or marriage certificate plus either a driver's license, passport or social security card.)
- The cost of a replacement diploma is \$50.00. Graduates may pay by check, money order or by credit card via the Accounting Office during normal business hours.
- Allow approximately four weeks for delivery of the replacement diploma. If you have additional questions, please call 330-325-6478 or email registrar@neomed.edu.

Please print legibly or type.

Last 4 numbers of your Social Security Number: _____

Name on Original Diploma: _____
First Middle Last

Name on Replacement Diploma (if different) _____
First Middle Last

Graduation Date: _____

Current Mailing Address: _____

Telephone Number: Home/Cell _____ Office _____

E-mail address: _____

Notarized Statement for Replacement Diploma

I, _____, hereby request a replacement diploma and attest that the information indicated below is accurate. Please check one of the following:

My original diploma was lost or destroyed.

My original diploma was damaged. (The original diploma must be surrendered to Enrollment Services prior to a replacement being ordered.)

I have had a legal name change. (Documentation required)

Signature: _____

Signed by and subscribed in my presence this _____ day of _____, 20____.

Signature of Notary Public _____ Commission Expiration Date _____

For Registrar's Office use only - Date Received _____ Amount _____

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