



# Diploma Replacement Request

**Registrar**

2500 E. Nutwood Ave.  
Fullerton, CA 92831 USA  
(714) 879-3901  
FAX (714) 681-7230  
Email: registraroffice@hiu.edu

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Name SSN

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Address City State Zip

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( ) Date of Graduation Degree Conferred (i.e. BA '96, BS '01, MA '10)

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Phone

Name Which Appeared on Original Diploma \_\_\_\_\_

Signature Date

1. Request for replacement must be made in writing. Name, address, phone, ssn must appear printed on the request. Must be signed with legal signature.
2. Original diploma must be returned. In cases of lost or destroyed diplomas, documentation/verification must be provided detailing nature and time of loss.
3. Replacements will be worded, "The Directors of Hope International University upon recommendation of the Faculty have conferred upon *NAME, DEGREE, DATE.*"
4. New diploma will bear the date of original issue.
5. New diploma will bear current administrative signatures.
6. New diploma will bear the name of original issue. (*Transcripts may reflect name changes*)
7. Replacements will bear on the face a disclaimer stating original award date, replacement date, and wording about the cause of replacement (*i.e. loss or institutional name change*).

Reason for Replacement/Documentation of Loss \_\_\_\_\_

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