



Harford County Public Schools

Office of School Counseling 102 S. Hickory Avenue Bel Air, MD 21014 410-838-7300

REPLACEMENT DIPLOMA REQUEST

Please print legibly

First Name Middle Last Last name as it appeared on original diploma

Year of graduation Name of High School Date of birth Social Security Number (last 4 digits only)

Please print your mailing address.

Name _____

Address _____

City, State, Zip _____

Phone _____

Signature

Date

There is a fee of \$20.00 for a replacement diploma.

Check or money order made payable to Harford County Public Schools

Cash

Please forward this form and fee to address shown above

ALLOW AT LEAST 10-12 WEEKS FOR YOUR ORDER TO BE PROCESSED

FOR OFFICE USE ONLY

Date request received _____

Confirmed graduation date _____

Transcript attached _____

Date diploma ordered _____

Paid _____ ck# _____