

Replacement Diploma Order

(please print)

The name on my original diploma was:

First

Middle

Last

My date of birth:

Month

Day

Year

School graduated from:

Name of Suffolk Public High School

Graduation Date:

Month

Year

Please send new diploma(s) to:

Name

Address

City, State, Zip Code

Contact phone number:

Signature:

Note: Special seals or awards appearing on the original diploma WILL NOT appear on the replacement diploma.

PLEASE INCLUDE COST OF DIPLOMA (\$30.00 EACH) WITH THIS FORM AND MAIL TO:

JOSTENS
464 S. INDEPENDENCE BLVD. SUITE C-112
VIRGINIA BEACH, VA 23452
(757) 366-9644 (757) 366-9775 fax

All requests will be verified by the Office of Student Records