

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 VIRGINIA BEACH HIGH SCHOOL

***Graduation date:**

MONTH YEAR

***Please send new diploma(s) to:**

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

***Contact phone number:**

(AREA CODE) TELEPHONE NUMBER

***Signature:**

SIGNATURE

DATE

NOTE: *Special seals or awards appearing on the original diploma WILL NOT appear on replacement diplomas.*

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.