

Howard University Diploma Translation Request Form

The name that appears on the **original** diploma will be printed on the replacement diploma.

Last Name (As appears on the original diploma)	First Name	Middle Name
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Address

City	State	Country	Zip
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Phone: _____

E-Mail Address: _____

Howard Student I.D. Number or SSN: _____

Date of Graduation: _____
Day Month Year

Degree Received: _____

Signature	Date
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- **This request form will not be processed until ALL portions are completed.**
- **A photo copy of you diploma must accompany your request.**

Please feel free to direct any questions to: Office of the Registrar – Howard University
Mordecai Wyatt Johnson Administration Building – Suite 105

Phone: (202) 806-2705
E-Mail: registrar@howard.edu

2400 Sixth Street, NW
Washington, DC 20059