The National Defense University
Enrollment Management and Student Services Office

Email address: university-registrar@ndu.edu
JFSC Office email address: registrar2@ndu.edu

Duplicate Diploma Request

Name on NDU records: (Last) _____ **(First)** _____ **(Middle)** _____

Former/Current Name (if different than NDU records): _____

NDU College/Program attended: _____ **Attendance Dates (Mo/Yr):** _____

Phone number: ( )_____ **Email address:** _____

Preferred method of contact for any necessary follow-up: (Please note that the EMSS Office is unable to make international calls.)

Phone ☐ Email ☐

REQUIREMENT: The request for a duplicate diploma must be accompanied by a written statement explaining the loss of or damage to the original and the need for a duplicate.

Please provide the EXACT WAY that you want your name spelled on your diploma. NOTE: Must be all or a portion of your legal name as it appears in your NDU Connect profile and will not include Rank, Nicknames, or Call-Signs. (*If you have changed your name, you will need to first request a change of name.*) Please type or print clearly.

Name as you would prefer on diploma:_____

Please mail my duplicate diploma to the following address:

_____
_____
_____
_____

NOTES

- Duplicate diploma requests are processed on the 15th of each month & mailed via USPS. Please allow 8 weeks for mail delivery.
- Your replacement diploma will be signed by the current leadership and marked as a duplicate.
- US Mailing addresses are strongly encouraged. If you require international mailing, please contact us.
- Due to privacy requirements, the alum must request the duplicate diploma. If alum has passed, the estate may request on behalf of alum and the request must be accompanied by a copy of the death certificate.
- The duplicate diploma, when printed, will be marked "EXEMPLUM".

I authorize NDU to process my request for a duplicate diploma as instructed on this form. All requests must be authorized by the alumnus' signature in accordance with the National Defense University Privacy Act Statement.

Signature: _____ **Date:** _____