

Duke University School of Medicine

Request for Replacement Certificate (Applicable for May 2000 to present only)

Duke University School of Medicine will issue a replacement certificate under the following conditions:

1. Complete the lower portion of this form as well as stating the purpose for the request.
2. A fee of twenty-five dollars (**\$25.00 per certificate**) paid by check payable to “**Duke University School of Medicine – Office of the Registrar**”.
3. The certificate will be the official document which is currently awarded by Duke University School of Medicine. It will bear a statement of replacement on the certificate.

To comply with these conditions, the following certification should be completed, notarized and sent with the required fee, and the original certificate via USPS to the Duke University School of Medicine Registrar Office, DUMC 3878, Durham, North Carolina 27710 or by FedEx or UPS to Duke University School of Medicine Registrar Office, 8 Searle Center Drive, Suite 0387, Durham, North Carolina 27710. We understand there may be some circumstances in which this is not possible.

Please refer to the official Replacement Certificates policy in the Duke University School of Medicine bulletin publication. A link to the bulletin is on the Duke School of Medicine Registrar’s Office website.

THIS IS TO CERTIFY THAT APPLICATION IS HEREBY MADE FOR THE ISSUANCE OF A REPLACEMENT CERTIFICATE

Conferred/Awarded: _____
Year

Name of Student when Enrolled; when the Certificate was Awarded:

First Name

Middle

Last Name

Please state why you need to replace the original diploma:

Print Name: _____

Signed: _____

Print Address: _____
Physical address required to deliver via FedEx

Email: _____

Phone # _____

Subscribed and sworn to before me

this _____ day of _____, 20_____

_____ Notary Public

My commission expires _____

Seal