



Savannah-Chatham County Public School System
Request for Duplicate Diploma

Department of Information Technology
Office of Records Management
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USE BLACK INK ONLY

To: Herff-Jones, Inc.

Student Name as Enrolled: _____

Name of School Attended: _____

Graduation Date: _____

Fee Enclosed: **\$35.00** _____

Processed By: _____

Date: _____

Mail Duplicate Diploma To:

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

CONTACT NUMBER

Signature: _____

Please forward \$35.00 processing fee (money order/cashier's check made payable to Herff-Jones) with picture ID to:

Records Management • 2 Laura Avenue • Savannah, Georgia 31404

Allow eight (8) weeks for the processing and printing of the diploma.

Mission - "To ignite a passion for learning and teaching at high levels"