



# Denver School of Nursing Replacement Diploma Request

Requests and payment must be received prior to week 3 to be included with the current quarter diploma order. An order for diplomas is placed at the beginning of week 3 each quarter.

**Mail this form to:** Denver School of Nursing, Office of the Registrar, 1401 19th St., Denver, CO 80202

**Fax this form to:** 720-833-3916

**Email this form to:** AcademicSupport@edaff.com

**[Please check the appropriate boxes]**

Associates

Bachelors

LPN to RN

RN to BSN

**PLEASE PRINT ALL INFORMATION CLEARLY**

**NAME (AS IT WILL APPEAR ON DIPLOMA)**

FIRST NAME	MIDDLE NAME	LAST NAME

**MAILING ADDRESS\* (Current Address)**

ADDRESS	CITY	STATE	ZIP CODE

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*\*If your address changes, notify Academic Support ([academicsupport@edaff.com](mailto:academicsupport@edaff.com) or 303-292-0015)*

I WILL BE PICKING UP MY DIPLOMA FROM THE DENVER SCHOOL OF NURSING

I WILL NEED MY DIPLOMA MAILED TO \_\_\_\_\_

**PAYMENT (\$25.00 per replacement diploma)**

Please make checks or money order payable to Denver School of Nursing and mail with this form or call 303-292-0015 ext. 3620 to pay by credit card or provide the necessary information below.

Major Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Zip Code: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Cardholder Phone: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

*All credit card information will be redacted once payment has been processed.*

Diplomas will be issued only after the student has been cleared through all departments in the institution.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Official Use Only:** Date Request Rec'd: \_\_\_\_\_ Date Payment Rec'd: \_\_\_\_\_

Quarter Ordered: \_\_\_\_\_ Date Mailed/Picked Up: \_\_\_\_\_

Cleared for Release:

Career Services

Financial Aid

Business Office

Academic