



Denver College 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 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 Billing Address: _____ 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