



REPLACEMENT DIPLOMA FORM



NATIONAL EXTERNAL DIPLOMA PROGRAM® (NEDP)

NAME AS IT APPEARED AT THE TIME OF GRADUATION (PRINT):

SOCIAL SECURITY **Last 4-Digit #** : _____ Date of Birth: _____

MONTH/YEAR GRADUATED: _____

MAILING ADDRESS FOR THE REPLACEMENT DIPLOMA:

Name: _____

Address: _____

City, State & Zip _____

PHONE NUMBER: _____

Print Name: _____

Student Signature: _____ Date: _____

Mail to: Maryland Department of Labor, 1100 N. Eutaw Street, Room 120, Baltimore, MD 21201.