

## **Diploma Re-Order Form**

Mail to Registrar's Office, Doane University, 1014 Boswell Avenue, Crete, NE 68333-2430Fax to (402) 826-8600 (no cover sheet needed)Scan and email it to patty.stehlik@doane.edu.

If you have any questions regarding your transcript request, please call (402) 826-6745.

Name					S	S/ID #			
(Last	t) (	First)	(Middle)	(Former/Maiden	)	,			
Address									
<u> </u>	(	Street)		(City)		(State)		(Zip)	
If we have qu	lestions, plea	ase list below:							
Email			Daytime l	Phone		_Circle type:	Home	Cell	Work
Please an	swer the	question b	elow.						
Diploma na	ame (full first	t, middle, last):				-			
Degree you were awarded:									
Degree dat	e:					-			
Reason for	re-order:	Lost	Nan	ne Change	Aposti	lle Seal	Other		
Number of	Copies		X \$25.00		Total D	oue = \$			

If submitting this form via mail, please enclose a check made out to Doane University for \$25.00 per diploma. If submitting this form via fax/scan, please list a credit card number and expiration date below.

Circle one:	Visa	Credit Card Number					
	Mastercard						
	Discover	Expiration Date	Security Code				
			3 digit # on the back of your card				

I agree to have Doane University re-print my Diploma, and to charge my credit card if applicable.

Diploma's will not be released without the student's signature. Diploma's will not be issued if any financial hold exists.

(Signature)