



DOANE
UNIVERSITY

Transcript Order Form

Submit by **Mail** to Registrar's Office, Doane, 1014 Boswell Avenue, Crete, NE 68333-2430

Submit by **Fax** to (402) 826-8600 (*no cover sheet needed*) OR **Scan** to registraroffice@doane.edu

If you have any questions regarding your transcript request, please call (402) 826-8251.

Name _____ SS/ID # _____
(Last) (First) (Middle) (Former/Maiden)

Address _____
(Street) (City) (State) (Zip)

If we have questions, please list below:

Email _____ Daytime Phone _____ Circle type: Home Cell Work

The fee for ordering transcripts using this form is \$9. We encourage you to order transcripts online for a reduced fee at www.doane.edu/transcript

Please answer the questions below.

<p>Check Your Highest Academic level:</p> <p><input type="checkbox"/> Undergraduate</p> <p><input type="checkbox"/> Graduate</p>	<p>Please Mail My Transcript(s):</p> <p><input type="checkbox"/> Immediately</p> <p><input type="checkbox"/> End of Term</p>
<p>Are You A Current Student?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Year Last Attended _____</p>	<p>Purpose of Transcript?</p> <p><input type="checkbox"/> New Job/Salary Increase</p> <p><input type="checkbox"/> Continuing Education/Graduate School</p> <p><input type="checkbox"/> Other _____</p>

Number of Copies _____ X **\$9.00** Total Due = \$ _____

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If submitting this form via mail, please enclose a check made out to Doane University for \$9 per transcript. If submitting this form via fax, 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 release my academic transcripts to the addresses listed above, and to charge my credit card if applicable.

(Signature) (Date)

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