Diploma Re-Order Form

DOANE UNIVERSITY

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

Please answer the question below.

Diploma name (full first, middle, last):_____

Degree you were awarded:_____

Degree date:_____

Reason for re-order: ☐ Lost ☐ Name Change ☐ Apostille Seal ☐ Other

Number of Copies_____ X $25.00 Total Due = $_____

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 ☐ Mastercard ☐ Discover

Credit Card Number_____

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) (Date)