

Diploma Re-Order Form

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

Fax 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 _____ 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 College 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 College 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)