

# Transcript Order Form

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

Submit by **Fax** to (402) 826-8600 Attn: Registrar's Office

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)

**Please answer the questions below.**

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

Number of Copies \_\_\_\_\_ X \$3.00                      Total Due = \$ \_\_\_\_\_

Mail to:	Mail to:	Mail to:

If submitting this form via mail, please enclose a check made out to Doane College for \$3 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 \_\_\_\_\_

I agree to have Doane College 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.