

# 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 (*no cover sheet needed*)  
 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 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> | <p><b>Purpose of Transcript?</b></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 \$5.00

Total Due = \$ \_\_\_\_\_

| Mail to: | Mail to: | Mail to: |
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If submitting this form via mail, please enclose a check made out to Doane College for \$5 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 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.