



Please return the completed form to Admissions and Records in person at the Main Campus or Chico Center, by mail at the address on the bottom of the form, or by fax 530-879-4313.

Name: _____

Last

First

Middle

Other name(s) used: _____ Birth Date: _____

Current Phone Number: _____ E-mail Address: _____

Current Address: _____

INDICATE QUANTITY REQUESTED:

- \$5.00 each
- Allow 10 business days processing time
- 1st two copies requested are free

Total due: _____

[] Send *transcript* now

[] Send transcript after grades are posted for the term:

Fall ____ Spring ____ Summer ____ Winter ____

[] Send transcript after grade change is made

Class _____

Semester Taken _____

SEND TRANSCRIPT TO:

INDICATE PAYMENT METHOD:

(If payment is due, you must include your credit card information, a check, or a money order with this form or your transcript request will not be processed.)

Visa # _____

Mastercard # _____

OR...

Attach check or money order made payable to Butte College.

Exp Date _____

Exp Date _____

Student Signature: _____ Date: _____

Office Use Only:

Amount Paid: _____

Operator: _____