BUTTE COLLEGE

TRANSCRIPT REQUEST

_____
Butte College Student ID Number

Current K-12 Students ONLY

From your Butte College Student email account, send this completed, signed, and saved form as an attachment to: transcripts@butte.edu. Include "K-12 Transcript Request" in subject line.

Name: _____
Last First Middle

Date of Birth: _____ Phone Number: _____

☐ Send now

☐ Send after grades are posted for the term: _____

Office Use Only:

Processed Date _____

Operator _____

Send Transcript to:

Name _____

Address _____

City/State/Zip _____

STUDENT SIGNATURE: _____ DATE: _____

Butte-Glenn Community College District does not permit discrimination or harassment in its programs or activities as stated in our Non-Discrimination Statement available at www.butte.edu/sa

Admissions and Records
3536 Butte Campus Drive
Oroville, CA 95965

AR22-Septrev

530.895.2361 Phone
530.879.4313 Fax

White – A&R Office *Yellow* – Business Office *Pink* – Student