BUTTE COLLEGE

VERIFICATION REQUEST

Student ID Number _____

Complete & Return to verifications@butte.edu

Name: _____
Last First Middle

Date of Birth: _____ Phone Number: _____

☐ **REGULAR - $8 each**
Allow 10 business days processing time
1st two copies are free

☐ **ON DEMAND - $12 each**
(Main Campus Only)

☐ Send *verification* now
Semester to be verified:

Fall ☐ _____ Spring ☐ _____
Summer ☐ _____ Winter ☐ _____

Send Verification to:

Recipient Name: _____
Attention to: _____
Street Address/PO Box: _____
City/State/Zip code: _____

Office Use Only:
Amount Paid: _____
Operator: _____

Student Signature: _____ **Date:** _____

Admissions and Records
3536 Butte Campus Drive
Oroville, CA 95965

AR17-SEPTrev

530.895.2361 Phone
530.879.4313 Fax