

B-S-ID
TRANSCRIPT REQUEST_RG
BCC ID # _____

Standard Transcript Request Form

There is a **\$5.00** fee per official transcript mailed.

Transcripts are sent through regular mail with a two business day processing time.

Butler ID or (Social Security Number) _____ Date _____

Full Name _____ D.O.B. _____

Maiden/Other Names _____ Phone Number: _____

Present Address _____ City _____ State _____ Zip _____

Is this address to be used as your permanent address for Butler records? Yes _____ No _____

Attended prior to 1989? Yes _____ No _____ Year Attended _____ Are you currently attending? Yes _____ No _____

When is transcript to be sent? *Now* ___ *After grades are posted* ___ Date classes completed _____

After degree is posted ___ Completed: Fall ___ Spring ___ Summer ___

Hand Carried Copies of Transcripts are **NOT** always considered as official by the receiving institution. It is the student's responsibility to check with the school in order to be sure the transcript will be accepted as official.

TRANSCRIPT MAILING INFORMATION:

Name of School or Business

Name of Person or Department

Street

City, ST and ZIP

If you choose to pay by credit card we will need the following information:

Type of card _____ Card Number _____ - _____ - _____ Exp _____

*****WE DO NOT ACCEPT AMERICAN EXPRESS. SORRY FOR ANY INCONVENIENCE*****

Security Code (the three digit number on the back of the card): _____

\$5 FEE PER TRANSCRIPT MAILED * Transcript will not be sent until fee is paid.

Student's Signature _____

**If you choose to fax your transcript request you will need to include a credit card or a debit card number on your fax, as we must receive the request and payment at the same time.

Mailing Address:

Butler Community College
Registrar's Office
901 S. Haverhill Rd
El Dorado, KS 67042

BCC Phone Number
316-322-3123
316-733-3123 (Wichita area)

BCC Fax Number
316-323-6891 or
316-218-6891 (Wichita area)