

**Butler Community College
Duplicate Diploma/Certificate Request Form**

Date _____

Full Name _____ D.O.B. _____

Maiden/Other Names _____ Phone Number _____

Present Address _____

City _____ State _____ Zip _____

First year attended BCC _____

Name to be printed on diploma/certificate: _____

Send my diploma/certificate to: _____

**\$5 FEE PER Diploma/Certificate
Diploma/Certificate will not be sent until fee is paid**

*If you prefer to pay with a **credit card**, please contact Accounts Receivable, 316-322-3181, to make payment over the phone upon submitting your request to the Registrar's office.*

Butler does not accept American Express or checks

Student's Signature _____

You may mail your request to the following address:

Butler Community College
Registrar's Office
901 S. Haverhill Rd
El Dorado, KS 67042
(316)733-3123

Email: registrar@butlercc.edu