

**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: _____

Email address: _____

A \$5 FEE must be included with this request.

If you prefer to pay with a **credit card**, please contact Accounts Receivable (316) 322-3181 to make payment over the phone prior to submitting this form.

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