TRANSCRIPT REQUEST

BUTLER COUNTY COMMUNITY COLLEGE
OFFICE OF RECORDS AND REGISTRATION
P.O. BOX 1203
BUTLER, PA 16003-1203

MAIL NOW_____
HOLD UNTIL SEMESTER ENDS_____
HOLD UNTIL SUMMER SESSION - ENDING IN JUNE _____
HOLD UNTIL SUMMER SESSION - ENDING IN AUGUST _____
PICK UP_____

A TRANSCRIPT CAN ONLY BE PICKED UP BY THE STUDENT WITH A PHOTO ID (CURRENT STUDENT – BC3 PHOTO ID REQUIRED; OTHERS – PHOTO DRIVERS LICENSE REQUIRED)

_____

Last Name First Middle Social Security No.

_____

Address

_____

_____

Former Name (if applicable)

IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH THE FULL AND CORRECT ADDRESS OF THE COLLEGE.

PLEASE SEND TRANSCRIPTS TO THE FOLLOWING INSTITUTION(S):

_____

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_____

Student's Signature Date Received Date Sent Paid

TRANSCRIPT FEE: First copy is free - $2.00 for each additional copy. No transcript will be issued for any student or alumnus whose financial obligations to the College have not been satisfied. Please allow 3 working days to process your official transcript. TRANSCRIPTS CANNOT BE FAXED!!