



BUTTE COLLEGE

VERIFICATION REQUEST

Student ID Number

Name: _____

Last

First

Middle

Date of Birth: _____ Phone Number: _____



\$3.00 each.
Allow 5-9 business days processing time.
1st two copies are free.

[] Send *verification* now
Semester to be verified:

Fall _____ Spring _____
Summer _____ Winter _____

Visa or MasterCard#: _____

Expiration Date: _____

Send Verification to:

Office Use Only:
Amount Paid: _____
Operator: _____

*****You must include a Visa or MasterCard # and expiration date, check, or money order with this form or your transcript request will not be processed.*****

Student Signature: _____

Date: _____

Admissions and Records
3536 Butte Campus Drive
Oroville, CA 95965

AR12-JAN/web

530.895.2361 Phone
530.879.4313 Fax