BUTLER COUNTY COMMUNITY COLLEGE
OFFICE OF RECORDS AND REGISTRATION

REQUEST FOR STUDENT ID NUMBER

You must answer all questions below and provide a copy of your photo driver's license.

Please complete the following:

1. Date of request: _____

2. Student Name – *(please print)*: _____

3. Student's Home Street Address: _____

4. City, State and Zip code: _____

5. Birthdate: _____

6. Student's Email: _____

7. Last 4 digits of Student's Social Security Number: _____

8. Student Signature: _____

9. Include a copy of Student's current Driver's license with photo

    You may send your request via:

    Fax to 724-287-0092 <u>OR</u> Email to registrar@bc3.edu

Upon receipt of **ALL** of the above items we will e-mail your student ID to the e-mail address you have provided above. This form and your documentation will be held with your permanent records.

Thank you.

BC3 Records and Registration