Santa Barbara City College

Admissions & Records

Authorization for Release of Information to Third Parties

Student's Name (Please Print)			
	First Name	Middle Initial	Last Name
K		Date of Birth:/_	/
Previous Names (If Any)			
*I hereby authorize Santa Barbara City College to release the following information from my SBCC academic records to (If request is not being sent directly to you or picked up by you):			
Please Print: Third Party (Individ	lual, Company, Organizat	ion, etc.)	
Choose the Information to be Released to the Third Party:			
☐ Current Enrollment Term in Pro ☐ Past Enrollment Term(s): ☐ GPA/Scholastic Standing ☐ Other (Please Specify):	/		
Pick One: ☐ Pick Up Later (Email notifica	-	,	
□ Fax To:			
☐ Email To:			
☐ Mail To:			
 Verifications will not be released until all financial obligations to the college have been cleared. Verification letters left in Admissions & Records for more than thirty (30) days will be discarded. Picture ID Required. State and Federal regulations prohibit release of information without the student's written authorization. Requests will be processed within 5-7 business days and in the order in which they are received. NOTE: Verification requests for current or future semester enrollment will be processed after the add/drop deadline. NOTE: Requests only include classes whose add/drop deadline has passed and late start classes may not be included. 			
Student Signature: X		Date:	
Office use only			

ID Verified

Date

Notes