SB CC SCHOOL OF EXTENDED LEARNING

SANTA BARBARA CITY COLLEGE

NON-CREDIT ADMISSIONS & RECORDS

AUTHORIZATION FOR RELEASE OF INFORMATION TO THIRD PARTIES

Student Name (Please print): _____ _____ _____
First Name M.I. Last Name

K Number _____ **Date of Birth**:_____
Month Day Year

Previous Names (if any):_____

* I hereby authorize Santa Barbara City College to release the following information from my SBCC academic records to (if the request is not being sent directly to you or picked up by you:

_____
Please print: Third Party (Individual, Company, Organization, etc.)

Choose the information to be Released to the Third Party:

Current enrollment term in progress (example: Fall 2026):_____

Other (please specify):_____

Pick one:

Pick up at ☐ Schott or ☐ Wake campus (Note that email notification will be sent via your Pipeline address.)

☐ Email at (please print): _____

☐ Mail to (please print): _____

_____

- Please email this completed form to: seladmissions@sbcc.edu.
- Verification letters left in Non-Credit Admissions & Records for more than thirty (30) days will be discarded.
- Picture ID Required. State & federal regulations prohibit release of information without 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.

Student Signature: _____ Date: _____

Office use only

ID Verified:_____ Date:_____ Notes:_____

Edited 11/4/26