## Santa Barbara City College Admissions & Records

## Authorization for Release of Information to Third Parties

Student's Name (Please Print):				
Firs	t Name	Middle Initial	7	Last Name
K	<del>-</del>	Date of Birth:	/	
Previous Names (If Any)				
*I hereby authorize Santa Barbara City records to (If request is not being sent		C	nation from 1	ny SBCC academic
Please Print: Third Party (Individual, Co.	mpany, Organizati	on, etc.)		
Choose the Information to be Released	to the Third Part	y:		
<ul> <li>□ Current Enrollment Term in Progress</li> <li>□ Past Enrollment Term(s):</li> <li>□ GPA/Scholastic Standing</li> <li>□ Other (Please Specify):</li> </ul>				
Pick One: ☐ Pick Up Later (Email notification will	l be sent via Pip	eline email address)		
☐ Fax To:	-	ŕ		
☐ Email To:				
☐ Mail To:				
<ul> <li>Verifications will not be released until all fination.</li> <li>Verification letters left in Admissions &amp; Recc</li> <li>Picture ID Required. State and Federal regu</li> <li>Requests will be processed within 5-7 busines.</li> <li>NOTE: Verification requests for current or final NOTE: Requests only include classes whose</li> </ul>	ords for more than the lations prohibit releases as days and in the or ature semester enrol	airty (30) days will be discusse of information without der in which they are recement will be processed af	arded. t the student's v ived. ter the add/drop	o deadline.
Student Signature: X			Date:	

Office use only		
ID Verified	Date	Notes