**Authorization for Release of Information to Third Parties**

**Student’s Name** (please print) ______________________________________________________________________

Last       First         Middle Initial

Phone ___________________ Previous Names (if any) ___________________________

*K* I hereby authorize Santa Barbara City College to release the following information from my SBCC academic records to:

| ☐ | Current enrollment information, Semester ________ Year _____ |
| ☐ | Past enrollment information, Semester(s) _______ Year _____ |
| ☐ | Scholastic Standing/GPA |
| ☐ | Other (specify) ____________________________________________ |

Please Print: Third party (individual, company, organization)

Signature × ___________________ Date ____________

• 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. See [www.sbcc.edu/calendar](http://www.sbcc.edu/calendar) for dates.

• 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.