SB CC SCHOOL OF EXTENDED LEARNING

SANTA BARBARA CITY COLLEGE

NON-CREDIT ADMISSIONS & RECORDS

DIPLOMA / CERTIFICATE REPLACEMENT REQUEST

SBCC Identification (K Number): _____ **Date of Birth**: _____
Month Day Year

Printed Student Name: _____

Phone: _____ **Email**: _____

☐ **Type**: AHS ☐ Diploma ☐ Certificate of Achievement ☐ Skills Competency Award ☐ PCA ☐ MA

Program(s) of Study (ESL, Green Gardener, etc.):_____

_____

Year(s) Original Was Awarded: _____ ☐ **Fall** ☐ **Spring** ☐ **Summer**

Select one only:

☐ I want to pick up my copy in person at the Wake Welcome Center (300 N. Turnpike Road)

☐ I want to pick up my copy in person at the Schott Welcome Center (310 N. Padre Street)

☐ I want my copy mailed to me at the address below (Please print carefully for accuracy.)

_____ _____ _____ _____
Street Address City State Zip Code

Signature:_____ **Date**:_____

Submitting This Form:

(1) You must bring a photo ID if you submit this completed form in person at either the Wake Welcome Center or the Schott Welcome Center.

(2) You must attach a copy of your photo ID if you email the form to: selrecords@sbcc.edu.

Please allow fourteen (14) business days for processing this request.

OFFICE USE ONLY:

Date Printed: _____ Processed By: _____

Revised 8/19/26