



SANTA BARBARA CITY COLLEGE

NON-CREDIT ADMISSIONS & RECORDS

ENROLLMENT VERIFICATION REQUEST FORM

BRING FORM TO: Santa Barbara City College
School of Extended Learning
Attn: SEL Records
310 W. Padre Street
Santa Barbara, CA 93105

EMAIL TO: selrecords@sbcc.edu

Questions? Please call (805) 683-8201

COMPLETION OF ALL FIELDS IS REQUIRED FOR PROCESSING

STUDENT INFORMATION (Please Print)

Date of Request: _____

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

Email Address (please print): _____

Date of Attendance: _____ Program of Study: _____

Number of courses enrolled: _____

Pick-up and Mailing Instructions:

☐ I will pick up the verification at the ☐ Schott campus or the ☐ Wake campus

☐ Please mail the verification to (please print, below):

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature (Required): _____

PLEASE ALLOW FOURTEEN (14) BUSINESS DAYS FOR PROCESSING THIS REQUEST

FOR OFFICE USE ONLY

Date Received in Office: _____

Received by (please print): _____

Includes Copy of ID: _____

Completion Date: _____

SEL Records (9/17/26)