SB CC SCHOOL OF EXTENDED LEARNING

SANTA BARBARA CITY COLLEGE

NON-CREDIT ADMISSIONS & RECORDS

REQUEST FOR TRANSCRIPT

Type of Transcript: ☐ **AHS** ☐ **Noncredit**

Select One: ☐ **Official** ☐ **Unofficial**

Student's Legal Name: _____

Date of Birth: ____/____/____ (Month / Day / Year) Student K Number: _____

Phone: _____ Email: _____

Date Last Attended: _____

How would you like your transcript delivered?

☐ Pick up at Schott Campus ☐ Pick up at Wake Campus ☐ Mail (please fill in address below)

Mail to: _____

_____

☐ Mail to a third party agency *

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

Third Party Name: _____

Third Party Address: _____

Attach a copy of your government-issued ID and return to selrecords@sbcc.edu or in person at the Schott or Wake campus. Please allow 14 business days to process this request.

_____

Student Signature

Date: ____/____/____ (Month / Day / Year)

Office Use ONLY:

Processed by _____ Date: _____