



ENROLLMENT VERIFICATION REQUEST FORM

EMAIL OR 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: _____

Email Address (please print): _____

Date of Enrollment: _____

Program of Study: _____

Number of courses enrolled: _____

Pick-up and Mailing Instructions:

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

Please mail the verification to (please print):

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature (Required): _____

FOR OFFICE USE ONLY

Date Received in Office: _____

Received by (please print): _____

Includes Copy of ID: _____

Completion Date: _____