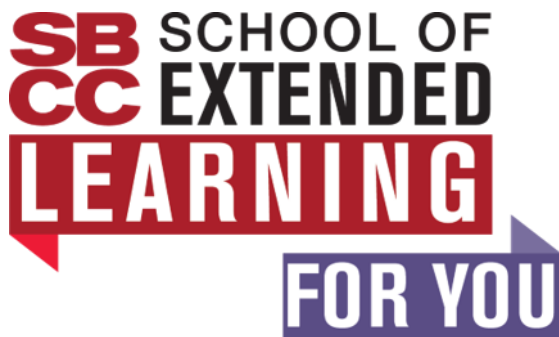




# SANTA BARBARA CITY COLLEGE

ADMISSIONS & RECORDS

## REQUEST FOR TRANSCRIPT

Type of Transcript: ☐ AHS ☐ Noncredit

Select One: ☐ Official ☐ Unofficial

Student's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student K Number: \_\_\_\_\_  
(mm/dd/yyyy)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Last Attended: \_\_\_\_\_

How would you like your transcript delivered?

☐ Pick up at Schott Campus ☐ Pick up at Wake Campus

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](mailto:selrecords@sbcc.edu) or in person at the Schott or Wake campus. Please allow 14-21 business days to process this request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office Use ONLY:

Processed by \_\_\_\_\_ Date: \_\_\_\_\_