

Santa Barbara City College
Admissions & Records

Authorization for Release of Information to Parents

Student's Name (please print) _____
Last First Middle Initial

K _____ Phone _____ Previous Names (if any) _____

*I hereby authorize Santa Barbara City College to release information from my SBCC academic records to:

Parent 1: _____ Parent 2: _____
Please print: Last name First name Last name First name

By my signature below, I acknowledge that this release allows SBCC to release information from my official SBCC education records to my parent(s) for personal use and not to be requested to be sent to a third party. Parent(s) may request documents including GPA, verification of enrollment status (half-time or full-time), and class schedules.

By my signature below, I also acknowledge that this release does not authorize or entitle my parent(s)/guardian(s) to advocate or negotiate with college faculty, staff, and administrators on my behalf regarding college grades, records, disciplinary procedures, or actions related to academic standing.

Office use only

ID Verified _____ Date _____

Student Signature  _____ Date _____

Picture ID Required. State and Federal regulations prohibit release of information without the student's written authorization.

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