

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: _____
<i>Please print:</i> 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). Examples of the documents include transcripts, verification of enrollment, class schedules, etc.

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 *X* _____ Date _____

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