

Santa Barbara City College  
Office of Admissions & Records

\$1.00 per copy

Unofficial Transcript Request

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

SBCC ID K \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Names (if any) \_\_\_\_\_

Attended SBCC from \_\_\_\_\_ to \_\_\_\_\_

Currently enrolled at SBCC

Number of copies

Copies from other schools (please list) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*x* \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

Mail to this address  Pick up now

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office use only**

Amount Due \_\_\_\_\_ Amount Paid \_\_\_\_\_  
ID Checked \_\_\_\_\_ Cleared by \_\_\_\_\_

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

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