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
the following: GPA, verification of enrollment status (half-time or full-time), class schedules and confirmation of submitted
Dual Enrollment forms.

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.

Student Signature X __________________________ Date ______________

Office use only
ID Verified ________ Date ______________

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

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