ENROLLMENT VERIFICATION REQUEST FORM

EMAIL OR BRING FORM TO:

Santa Barbara City College
School of Extended Learning
Attn: SEL Records
310 W. Padre Street
Santa Barbara, CA 93105

EMAIL TO: selrecords@sbcc.edu

Questions? Please call (805) 683-8201

COMPLETION OF ALL FIELDS IS REQUIRED FOR PROCESSING

STUDENT INFORMATION (Please Print)

Date of Request:_____

Name:_____ **Date of Birth**:_____ **K Number:**_____

Email Address (please print):_____

Date of Enrollment:_____

Program of Study:_____

Number of courses enrolled:_____

Pick-up and Mailing Instructions:

I will pick up the verification at the ☐ Schott campus ☐ Wake campus

Please mail the verification to (please print):

Name:_____ Street Address:_____

City:_____ State:_____ Zip Code:_____

Student Signature (Required):_____

FOR OFFICE USE ONLY

Date Received in Office:_____ Received by (please print):_____

Includes Copy of ID:_____ Completion Date:_____