

Santa Barbara City College
Authorization for Release of Information to Third Parties

Student's Name _____
Last *First* *Middle*

Date of Birth MM/DD/YY ____/____/____

I hereby authorize Santa Barbara City College to release information about my application status and, *if accepted*, I authorize my Form I-20 be mailed to:

Please Print: Third party (individual, agency, organization)

X _____
Student's Signature

Date