

MACP Out-of-State Licensing Board Degree Verification

Fee: \$25 to the Fiscal Office

ANTIOCH UNIVERSITY

SANTA BARBARA
602 Anacapa Street
Santa Barbara, CA 93101
805-962-8179 · Fax: 805-962-4786

Please use this form to request additional services and documentation regarding degree and coursework completed at AUSB for out-of-state licensing. One form and fee is required per state. Submit this form **with additional forms from the Out-of-State Licensing Board** to the Fiscal Office along with your payment. **Cash is not accepted.** If you wish to pay via credit card, you may stop by the Fiscal Office or provide credit card payment over the phone by calling 805-962-8179 x5103.

Student ID#: _____ Graduation Term: _____

First Middle Last

Address

City State Zip

Email*

Home Phone Work Phone

*You will be notified by email when your out-of-state licensing board forms have been mailed.

Please list where you would like the completed documentation sent:

- Please send to me Please send directly to Out-of-State Licensing Board listed below & email me a PDF copy for my records

Out-of-State Licensing Board Name: _____			

Address			

City	State	Zip	

Student Signature*: _____ Date: _____

**Please note that an electronic signature is only valid when using an Antioch email account.*

FISCAL OFFICE: _____		
Signature	Date	
Fee Paid \$ _____		