EDMONDS COLLEGE

Verification of Enrollment Request

Student Name: _____   _____   _____
                    Last   **First**   **Middle**

ctcLink ID Number: _____   **Birthdate:** _____ / _____ / _____ (MM/DD/YYYY)

Student Email: _____

INDICATE YEAR AND QUARTER TO BE VERIFIED: YEAR: _____

☐ Summer   ☐ Fall   ☐ Winter   ☐ Spring

Check type of verification needed: (**ONLY** check what you need included in your letter)

☐ **Enrollment Status:**   ☐ **GPA**

    ○ Current quarter; Number of credits registered   ☐ **Number of credits completed**

    ○ Upcoming quarter—ONLY if registration has started   ☐ **Good Student Discount**

    ○ Previous quarter   ☐ **Unemployment Progress Report**

☐ **Other:** (please be specific) _____

_____

_____

Request cannot be processed without student's signature.

Signature: _____   **Date:** _____

INDICATE WHERE THE COMPLETED VERIFICATION LETTER/FORM SHOULD BE SENT:

☐ **HOLD for PICKUP**

☐ **SCAN and EMAIL to:** _____
                  (Email address)

☐ **MAIL to:** _____

_____

_____

Submit completed form to registration@edmonds.edu or in-person or via mail to Enrollment Services