



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:
 - Current quarter; Number of credits registered
 - Upcoming quarter—ONLY if registration has started
 - Previous quarter
- GPA
 - Number of credits completed
 - Good Student Discount
 - 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: _____

