

Everett Community College Verification Request

For Processing Times: Please visit https://www.everettcc.edu/enrollment/enrollment-verification.

| Student Informat | ion | | | |
|------------------------------|---|--|--|--|
| First Name | | Middle Name | Middle Name | |
| Last Name | | Student I.D. n | _ Student I.D. number | |
| Last quarter attende | ed | | | |
| Do you want to pick | up the letter of verification | on or do you want us to mail i | it or fax it? | |
| □ I'll pick it u | up 🛛 Mail it – fill d | out address below | it – fill out fax number below | |
| Recipient's name | | | | |
| Address | | | | |
| | | | Zip | |
| Phone number | | Fax number | Fax number | |
| | | | | |
| I, | | , requi | ire a verification letter stating that I am | |
| a student at Everett | Community College (ple | ase check one below) | | |
| | | | | |
| □ full time (at I | east 12 credits) ss than 12 credits) | | | |
| | | ancial Aid and Student Loan p | ourposes | |
| □ not enrolled | | | | |
| for D Fall | □ Winter □ Sprin | ng 🗆 Summer quarte | ryear. | |
| Additional information | on as necessary: | | | |
| | | | | |
| | | | | |
| | | | | |
| Student signature | | Date | | |
| Oldern Signature_ | | | | |
| Questions? Contact | Registration@everettcc.edu | <u>ı</u> or call 425.388.9219 | | |
| ENROLLMENT SER | /ICES USE: | | | |
| Received by | | Date | | |
| | | | | |
| Everett Community College of | loes not discriminate based on, but | not limited to, race, color, national origin, ci | itizenship, ethnicity, language, culture, age, sex, gender | |

identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information. G:\REGSTRAR\ES FORMS\Student Records\Verification Request\Verification Request 08192022.docx