

Everett Community College Verification Request

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

Student Information

First Name _____ Middle Name _____

Last Name _____ Student I.D. number _____

Last quarter attended _____

Do you want to pick up the letter of verification or do you want us to mail it or fax it?

- I'll pick it up Mail it – fill out address below Fax it – fill out fax number below

Recipient's name _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Fax number _____

I, _____, require a verification letter stating that I am
a student at Everett Community College (please check one below)

- full time (at least 12 credits)
 part time (less than 12 credits)
 half time (at least 6 credits) – for Financial Aid and Student Loan purposes
 not enrolled

for Fall Winter Spring Summer quarter _____ year.

Additional information as necessary:

Student signature _____ Date _____

Questions? Contact Registration@everettcc.edu or call 425.388.9219**ENROLLMENT SERVICES USE:**

Received by _____ Date _____

Completed by _____ Date _____