

PLEASE NOTE: Your request will be available in 3 business days.

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 Patty at 425-388-9357 or Karl at 425-388-9211

ENROLLMENT SERVICES USE:

Received by _____ Date _____

Completed by _____ Date _____