# Verification of Enrollment Request

**EDMONDS COLLEGE**

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

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

**Student Email:** _____

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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)
_____

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## *Request cannot be processed without student's signature.*

**Signature:** _____    **Date:** _____

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

☐ **HOLD for PICKUP**

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

☐ **MAIL to:** _____

_____

_____

☐ **WORKER RETRAINING STUDENTS ONLY:**
Fax form to Employment Security Department (ESD): 800-301-1796. **Must attach ESD form.**

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

Rev. 6/13/2025