

Submit the completed form and any additional documents via email to ssccregistration@seattlecolleges.edu or in-person in the Student Services Lobby – Robert Smith Building. Allow at least 5 business days to process your request.

STUDENT INFORMATION

Student Name (First, Middle, Last): _____

ctcLink ID Number: _____ Date of Birth: _____

Email: _____ Phone: _____

I AM REQUESTING (Check one or both): A verification letter A third-party request form to be filled out.**VERIFICATION LETTER**

Check the items that you need verification of your status at South Seattle College.

- | | |
|--|--|
| <input type="checkbox"/> Enrollment status (full-time, part-time, half-time) | <input type="checkbox"/> Acceptance into South Seattle College |
| <input type="checkbox"/> Degree/certificate awarded | <input type="checkbox"/> Other (explain in Additional Information below) |
| <input type="checkbox"/> Non-enrollment | |

Quarter: Summer Fall Winter Spring **Year:** _____**THIRD PARTY REQUESTS**

Submit the following to the Registration Office via email or in-person.

- Completed Enrollment Verification Request form.
- Third-party verification request form(s).
- Completed and signed South Seattle College Release of Information form.
- A document or information that outlines the type of verification needed.

ADDITIONAL INFORMATION OR INSTRUCTIONS

Provide additional information below, including mailing address, email address, recipient, etc.

Return verification letter or third-party requests by one of the following. Email or mail information must be included above. Pick up in-person (You will be contacted when it is ready for pick-up.) Email Mail

Student Signature: _____ Date: _____