



# ENROLLMENT INFORMATION REQUEST ON THIRD PARTY FORM

**Allow 5 working days to process.**  
Registration Department – 360.752.8350

**MUST ATTACH FORM**

Student ID Number (SID)	Student Name	Birth Date
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I prefer to pick up in person with my official photo ID. Please notify me when ready by:

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please mail to:

This address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: ENROLLMENT INFORMATION  
CAN ONLY BE PICKED UP BY STUDENT.**

Address on Form

\_\_\_\_\_  
Student Signature **(REQUIRED TO AUTHORIZE RELEASE OF RECORDS)**

\_\_\_\_\_  
Date

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