

Office of the Registrar ~ 610 King of Prussia Road, Radnor, PA 19087 $\sim 610\text{--}902\text{--}8545 \sim \text{fax }610\text{--}902\text{--}8309$

Enrollment Verification Request

Cabrini College issues student information which is consistent with the Family Education Rights and Privacy Act. College policy prevents this information from being delivered via the website or telephone.

	Da	ite of Request:
Student Name (Please prin	t):	
Maiden Name (ij	applicable):	
Student ID Number or S	ocial Security Number:	
PLEA	SE VERIFY THE FOLLO	VING INFORMATION
Check One:		
Full Time Student:	Part Time Student:	
Semester for which this	s verification is needed:	
Fall	Spring	Summer
year	year	year
Expected Graduation 1	Date: Month, Year	
Check One:		
Will pick u	p in Registrar's Office	
	to the address listed below. In	
		Indicate Recipient's name and a case of transmission interruption.