ENROLLMENT VERIFICATION REQUEST

To obtain an official verification of enrollment at Cabrini University, please send this completed and signed form to registrar@cabrini.edu from your Cabrini email account or fax to 610.902.8309.

Cabrini University issues student information which is consistent with the Family Education Rights and Privacy Act (FERPA). Policy prevents this information from being delivered via website or telephone.

To contact the Registrar's Office, call 610.902.8188.

Student Name: ID:

Maiden Name, if applicable: Full-time Student: Part-time Student:

Semester for which verification is needed: Year: Fall: Spring: Summer:

Expected Graduation Date:

CHECK ONE:

_____   Send Verification via email:

_____   Send Verification via fax to: Fax Number:

             Phone Number (to contact in case of transmission interruption):

_____   Send Verification via mail to:

             Address:

             City: State/ Province: Zip/Postal Code:

             Country:

Student Confirmation:

☐   By checking this box and typing my name below, I am electronically signing this application.

Student Name: Date: