



# Student Enrollment Verification Form

FAX, MAIL OR E-MAIL TO: registrar@cayuga-cc.edu

AUBURN CAMPUS 197 Franklin Street Auburn, NY 13021 Tel: (315) 294-8516 Fax: (315) 255-9983

FULTON CAMPUS 11 River Glen Drive Fulton, NY 13069 Tel: (315) 593-9395 Fax: (315) 593-7014

**INSTRUCTIONS:** Please complete the following information. The Registrar's Office will verify your enrollment status.

C# C \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Date Year

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Student signature (required) \_\_\_\_\_

Date \_\_\_\_\_

## FOR REGISTRAR'S OFFICE USE ONLY

Dates of current semester \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Currently enrolled  Yes:  No

Full time  Part time

If student is advance-registered for a semester, please include information here:

\_\_\_\_\_

Registrar's Office Signature \_\_\_\_\_ Official Seal