



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