



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 **Date**

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:

Student Never Attended: Yes: No

Registrar's Office Signature _____ Official Seal