

Enrollment Verification Request

To obtain an official verification of enrollment at Cabrini College, please send this completed and signed form to:

Cabrini College Registrar, Grace Hall 610 King of Prussia Road Radnor, Pennsylvania 19087-3698

Alternately, this form can be faxed to 610-902-8309 or emailed as an attachment to registrar@cabrini.edu.

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

To contact the Registrar's Office, call 610-902-8545.

Student Name				//
Maiden Name, if applicable	_ Full-time Student \Box			Part-time Student \square
Semester for which verification is needed: Fall	Spring \square	Summer \square	Year _	
Expected Graduation Date	_			
CHECK ONE:				
● Will pick up from Registrar's Office □				
● Please fax. □				
Send Verification via fax to				
Please mail.				
Send Verification via mail to				
Address City				ZIP
Student Signature			Date _	