



Office of the Registrar
 Notre Dame College
 4545 College Road
 South Euclid, OH 44121
 Office: 216.373.5312
 Fax: 216.916.4999
 registration@ndc.edu

Date: _____

- Will Pick Up On _____
 (Please allow 3 days for processing.)
- Mail
- Fax

Do you want your social security number listed on the correspondence? YES NO

- Undergraduate Student Graduate Student Graduate Assistant TEEL

I, _____, _____,
 (Student Name) (Student ID Number)

give my permission to the Registrar's Office of Notre Dame College to release the following academic information:

*** Please check appropriate box (es)**

- Full-time Status Half-time Status Good Standing Good-Student Discount (Insurance)
- Other _____

Send or Fax information to:

 Name or Company

 Address or Fax Number

Attn: _____

****We will verify current and previous enrollment. Verification for future semesters will be completed after the first week of classes.***

I would like the Registrar's Office to verify enrollment for:

 Semester(s)

Expected date of graduation is: _____.

 Student Signature

 Phone Number