



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

Today's Date: \_\_\_\_\_

- Will Pick Up On \_\_\_\_\_  
 (Please allow 3 days for processing.)
- Mail
- E-mail: \_\_\_\_\_
- Fax

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

Undergraduate Student  Graduate Student  TEEL

I, \_\_\_\_\_, \_\_\_\_\_, give permission  
 (Student Name) (Student ID Number)

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

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

- Enrollment Status
- Graduation/Completion Date
- Good-Student Discount (Insurance)

Send information to:

\_\_\_\_\_  
 Name or Company

\_\_\_\_\_  
 Address or Fax Number

\_\_\_\_\_

\_\_\_\_\_

***\*We will verify previous enrollment upon request. Verification for current semester will be completed after the first week of classes are complete. We cannot verify future semester enrollment.***

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

\_\_\_\_\_ Semester(s)

Expected date of graduation is: \_\_\_\_\_.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Phone Number