



OFFICE OF THE REGISTRAR
 2020 East Maple Street
 North Canton, Ohio 44720-3336
 Phone: 330-490-7367
 Fax: 330-490-7372

For office use only:

 Date Received

 Processed By

ENROLLMENT DATA REQUEST

OFFICIAL REQUEST ENROLLMENT DATA

(Please note this request form requires a minimum of 72 hours processing time)

Please complete the information below:

 Signature

 Date

Name: _____

Social Security Number: _____

Date of Birth: _____

Current Enrolled: [] Yes [] No **Former Student:** [] Yes [] No

If a former student list last date attended: _____

I authorized the Office of the Registrar to release the requested educationally related information to the agency or person listed below;

[] Enrollment Status Semester(s) _____ Year(s) _____

[] Projected Date of Graduation

[] Degree and Major

Please choose one of the three methods to transfer the above requested Enrollment Data:

[] Mail

[] Fax

or Hold the above requested Enrollment Data for

[] Pickup by: [] Student or [] Other _____

(Must have identification)