

**RSVP to REGISTRAR'S OFFICE:**

- I will attend the spring 2010 commencement ceremony. I understand that my name will be listed in the commencement program.
- I will be **unable to attend** the spring 2010 commencement ceremony. I understand that I must still pay the graduation fee. I also understand that, if approved by my school, my name will be listed in the printed commencement program.

**By signing below, I give my permission for my name to appear in the program and/or to be read aloud at the ceremonies, even if I have previously requested that my directory information be marked confidential. (if you do not agree, contact the Registrar's Office at [registrar@regent.edu](mailto:registrar@regent.edu))**

\_\_\_\_\_  
**Name (Please print)**

\_\_\_\_\_  
**Student ID**

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Degree**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Telephone/Email**

**Mail to**      *Regent University  
Registrar's Office  
1000 Regent University Drive SC 235  
Virginia Beach, VA 23464*

**email** as an attachment to [registrar@regent.edu](mailto:registrar@regent.edu)  
or  
**Fax to** (757) 352-4033