
STUDENT REQUEST FOR A HARD COPY OF GRADES

Please check the appropriate box:

MAIL: PICKUP:

DATE: _____

NAME: _____

(Please Print Clearly)

8 Digit ID NO.: _____

TELEPHONE NO.: _____

ADDRESS: _____

GRADES REQUESTED FOR WHICH SEMESTER:

- FALL _____
- SUMMER _____
- SPRING _____
- WINTER SESSION _____

Hard copy grade request take up to 3-4 days to process.

Signature