

## OFFICIAL GRADE REPORT

Please allow **48 hours** for Processing

**Please note: Official Grade Report is for present semester. Any past grades require an official transcript where fees apply.**

**Please write clearly, and fill out all necessary information.**

**Signature is required in order to process this request.**

Date \_\_\_\_\_ StudentUID# \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Semester:**

- |  |  |
|--|--|
| <input type="checkbox"/> Spring 20____           | <input type="checkbox"/> Fall 20____               |
| <input type="checkbox"/> Summer I 20____         | <input type="checkbox"/> Summer II 20____          |
| <input type="checkbox"/> Summer III 20____       | <input type="checkbox"/> Summer IV 20____          |
| <input type="checkbox"/> Summer Institute 20____ | <input type="checkbox"/> Graduate Institute 20____ |
| <input type="checkbox"/> _____ Module I 20____   | <input type="checkbox"/> _____ Module II 20____    |

**Please check (✓) all that apply:**

**Pick up**

**Fax Number** \_\_\_\_\_ **Attention to:** \_\_\_\_\_

**Home Address where form should be mailed:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Third Party Address where form should be mailed:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SIGNATURE**(required) \_\_\_\_\_