

# Grade Request Form

Date _____
Initials _____
Processed _____
Office Use Only

Regulations governing the Issuance of Grades:

Financial and Academic Obligations to the College must be satisfied.

## **Student Information**

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

Student Name: \_\_\_\_\_

Previous Names: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Update Address (Yes/No): \_\_\_\_\_

## **Grade Report Information**

Send after current semester grades are posted (Yes/No): \_\_\_\_\_

Semester requested: \_\_\_\_\_

Course Level (UG/RE/CE): \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Mail or Pickup: \_\_\_\_\_

## **Send Grade report to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

Return to: <b>Rock Valley College</b> Records & Registration Office 3301 N Mulford Rd Rockford, IL 61114 Fax: 815-921-4269
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