STUDENT GRADE CARD REQUEST FORM

Please complete this form, sign at the bottom, and submit it to the Graduate & Continuing Studies Office, 117 Montgomery Hall, for processing. You may also fax the form to us at 740-826-6038.

NAME: ________________________________    ID #: __________________

Request: I hereby request that a grade card for the following semester and year be produced or processed for me.

** Please note, upon request all grades may not be posted. **

Semester: _______________    Year: _______________

Distribution:

☐ I will pick up the document in 5 business days.

☐ Please mail to or fax to: (There is a 5 day turnaround time once the request has been received.)
   Name: ________________________________    Fax Number: ______________________
   Address: ___________________________________________________________________
   City, St, Zip: ___________________________________________________________________

Certification: I understand that the University is not responsible for documents lost in the mail or returned because of an incorrect address. I also understand that I must present a photo ID before a document will be released to me. I also certify that my account balance for this semester is zero.

** If a student owes a balance, the request will be denied. **

Student Signature: ________________________________    Date: __________________

For office use only:

☐ Picked up    ☐ Mailed    ☐ Faxed

Initials: ________________    Date: ________________