Request for Early Report of Grades

Part I. (To be completed by student)

Name: __________________________________________ SSN or ID: __________________________

Last           First           Initial

Address: __________________________________________________________________________________________

Street ___________________________________________________________________________________________

City       State    Zip Code

Course: __________________________________________ Year: __________________________

☐ Mail Final Grade to:

☐ For developmental studies courses, mail test scores and/or final exam score to:

Office or Person: ________________________________________________________________

Complete Mailing
Address Required: ______________________________________________________________

Street ____________________________________________________________________________________

City       State    Zip Code

Please release information regarding my course work at the college for the course indicated above.

_________________________ _________________________________________________________________
Date                             Student’s Signature

Part II. (To be completed by Instructor)

1. The above student had received the following final grade of ________ in the course indicated above.

2. For developmental studies courses, the above named student has received the following test and examination
   scores. No average is calculated in Developmental Studies. Competency-based instruction is used.

________________________________________________________________________________________
________________________________________________________________________________________

3. The above named student has not completed the course, but at this time is doing:

☐ Satisfactory

☐ Unsatisfactory

_________________________ _____________________________________________________________
Date                             Instructor’s Signature

Enrollment Services 2022