

UNIVERSITY OF ARKANSAS AT MONTICELLO
REQUEST TO HAVE GRADE REPORT MAILED
ID REQUIRED

This form must be submitted to the Registrar's Office for each term a grade report is to be mailed.

Request must be made prior to the last day of finals.

The grade report will be mailed to the permanent address as listed in the student records.

If you wish to change your permanent address, you must submit a Change in Student Data form to the Registrar's Office.

Last Name: _____ First Name: _____ MI: _____

Student ID: _____

CHECK ONE : _____ Fall _____ Spring _____ Summer I _____ Summer II

Year: _____

I am requesting a grade report for the above term be mailed to my permanent address.

Signature

Date

For Registrar's Office Use Only

Date Received

ID: Verified by _____

Date entered _____ by _____

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