

GRADE REPORT REQUEST

TERM Fall 20__ Spring 20__ Summer 20__



ID NUMBER	FIRST NAME	MIDDLE NAME	(MAIDEN NAME)	LAST NAME
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CONTACT TELEPHONE NUMBER	WORK TELEPHONE NUMBER
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MAILING ADDRESS	City	State/ZIP
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If you were enrolled at the college under any other name or have had a name change, please indicate other name:

SPECIAL INSTRUCTIONS

Hold for pick up. Indicate phone number: _____

Mail

DELAWARE TECHNICAL & COMMUNITY COLLEGE

Grade Reports are normally processed within five business days.
During the period of recording grades and other peak periods, additional time will be needed.

STUDENT SIGNATURE **X** _____

Federal law prohibits the release of grades without written authorization of the student.

THE INFORMATION YOU SUPPLY BELOW WILL BE USED IN A WINDOW ENVELOPE.
YOU ARE RESPONSIBLE FOR A CORRECT AND LEGIBLE ADDRESS.



NAME/TITLE	
ADDRESS	
ADDRESS	
CITY/STATE/ZIP	

Registrar's Office Initials _____