

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 _____