

MUSKINGUM

U N I V E R S I T Y

STUDENT GRADE CARD REQUEST FORM

Please complete this form, sign at the bottom, and submit it to the Graduate & Continuing Studies Office, 260 Stadium Drive, New Concord, OH 43762 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: _____