

Center for Student Services 221 East 71st Street New York, NY 10021-4597 (212) 517-0500 (212) 517-0491 (Fax)

Grade Report Request Form

Policy:

- o Grade reports will be processed within 3 5 business days for current semester only.
- Requests will not be processed if the student record reflects a hold.

 The Center for Student Set 	rvices is not responsible for incorrect	addresses or postal delays.
Student's Name(Please Print) an	d Current Mailing Address:	
		
Student ID No:		
Date of Birth:		
Daytime Telephone Number:		
Email Address:		
Grade Report: ☐ Sent to Non-Degree Students ☐ Sent to Employer/Institution	☐ Other – Address below	
Current term requested:		
□ Fall	☐ January	□□Summer II
☐ Spring	□ Summer I	
Send grade report to following a	ddress:	
Attn:		_
I authorize the release of my gradabove.	de report to be sent to the name/in	stitution and address as stated
STUDENT'S SIGNATURE		DATE
OFFICE USE		DATE: