

FIRST SEMESTER GRADES REQUEST FORM

The first request is free. There is a \$3.00 charge for each additional request.

NAME: _____ DATE _____

Student's ID # _____

YOU SHOULD BE FILLING THIS FORM OUT IF:

- 1) A college has requested your first semester grades to be sent.
- 2) If you have been deferred and are still interested in attending the school that deferred you.

YOU SHOULD NOT BE FILLING OUT THIS FORM IF YOU HAVE BEEN ACCEPTED WHERE YOU WANT TO GO AND HAVE NOT BEEN ASKED FOR SEMESTER GRADES TO BE SENT.

LIST THE COMPLETE ADDRESS FOR THE ADMISSIONS OFFICE SO YOU CAN BE GUARANTEED THAT YOUR TRANSCRIPT WILL ARRIVE.

_____ (Name of College)
Admissions

_____ City State ZIP

Semester grades will be sent directly from the counseling department.