

VERMONT TECH

Office of the Registrar
PO Box 500
Randolph Center, VT 05061-0500
(802) 728-1302 Fax: 1597 registrar@vtc.edu

GRADE REQUEST

Full name: _____ ID number: _____
(please print) (student ID or last four of SSN)

Former name: _____

Last or current program: _____
(site or campus)

Request:

Grade report for term: _____

Student will pick up

Mail to: _____

Fax to: _____
(fax number)

Contact information:

Phone: _____ Home Work Cell/mobile

E-mail: _____

Signature: _____ (REQUIRED) _____ (date)

OFFICIAL USE ONLY

Date produced/sent: _____ Sent to student Sent to other Picked up