

GRADE REPORT REQUEST FORM for the Semester/Year: _____ / _____

Instructions: Please complete and return to the address above.

Please Note: One request form for each "Mail to" address.

We are unable to process grade reports prior to Summer 2002 due to the change in our computer system.
For grades prior to Summer 2002, please request a transcript.

Please print clearly:

Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____
Month Day Year

Daytime Phone Number: _____
(Area Code) Phone Number

Address: _____
Number Street Apt. No. City State ZIP Code

E-mail Address: _____

Please answer the following:

1. Currently enrolled at Kapi'olani Community College?
 Yes No
2. Quantity _____ x \$2.00 per report = \$ _____
Note: Grade Reports will be available after the close of the requested semester. Processing will be done within seven working days after grades are available.

Delivery method (If grade reports are to be sent to additional organizations, additional request forms must be submitted.):

To be picked up by: _____ (Please leave "Mail to:" address below blank.)
NOTE: Must present a Photo I. D. upon pick up.

Mail to: Name/ATTN: _____
Organization _____
Address _____
City, State ZIP Code

Student's Signature Date

Note to Recipient of Grade Mailer:
Under the Family Educational Rights and Privacy Act of 1974, this information is released to you on the condition that you will not permit any other party to have access to such information without the written permission of the student.

Office Use Only

Form received by: _____ Date: _____

KapCC records in SHATERM? (circle one): YES / NO

Banner ID: _____ SOAHOLD: _____

Charges \$ _____ By: _____ Date: _____

Payment \$ _____ By: _____ Date: _____

CB# _____ Completed by _____ Date: _____