

**AUTHORIZATION OF GRADE DISCLOSURE &
GRADE REPORT REQUEST FORM
2008-2009**

Please print

Name (last, first, middle initial): _____
ID No. _____
Class _____

- I request that the Registrar's Office mail my grade report to me at my home address at the end of the term.
- I request that the Registrar's Office mail a copy of my grade report to my parent(s) or guardian(s), whom I have authorized to receive this information.

*By signing and returning this form, you are authorizing Gettysburg College to send copies of midterm deficiency reports and grade reports to the parents or guardians listed below for the 2008-09 academic year only. **A new authorization must be provided at the beginning of each new academic year you attend Gettysburg College.** Forms are mailed to students each summer and are also available in the Registrar's office.*

If you have opted for grades to be reported to your parent(s) or guardian(s), please complete the address information below.

*Name(s) of parent(s) or guardian(s)
If your parents or guardians live at the same address, please list both together. If they live apart, please specify the correct address for each separately below.*

Name (last, first, middle initial): _____

Address _____

City: _____ State: _____ Zip: _____

Name(last, first, middle initial): _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that by signing this authorization I am waiving my right to nondisclosure only to those persons specifically listed above. This authorization does not permit the disclosure of records to any other persons or entities without my written consent.

Student's Name: _____ Date: _____

Student's Signature: _____

RETURN TO REGISTRAR, CAMPUS BOX 419. If you have questions, feel free to contact the Office of the Registrar:
717.337.6240

Revised Date: June 11, 2008