



OFFICE OF THE REGISTRAR

**REQUEST FOR OFFICIAL GRADE REPORT**

STUDENT I.D. \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_

Please check the appropriate box for the term that you are requesting your grade report mailed:

\_\_\_\_\_ Current Term

\_\_\_\_\_ Current and all Subsequent Terms Enrolled

PROGRAM LEVEL: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate

\_\_\_\_\_  
Student Signature

Print form and submit to the Registrar's Office in person, by mail, or fax to 708/235-3960. **Form must be received no later than one week following the end of the term.**