

Hiram College
Registrar's Office
PO Box 67
Hiram OH 44234
(330) 569-5210 Phone
(330) 569-5211 Fax

REQUEST TO MAIL GRADES

Student's Name _____
(Please Print)

Banner ID _____ SS# _____

Daytime Phone Number _____

Student Signature _____
(The student's signature is required to mail grades)

Select the semester and complete the year for which you would like a copy of your grades mailed:

_____ Fall 20____
_____ Summer 20____
_____ Spring 20____

Please print the name and address you would like your grades mailed to:

1. _____

You must complete a Request to Mail Grades Form for each semester you would like your grades mailed. Grades are not automatically mailed at the end of each semester. You can view and print a copy of your grades from your Web4Student account.

This form can be mailed or faxed to the address/fax number above or you may stop by the Registrar's Office to complete your request.

<p>Office Use Only</p> <p>Date Received: _____</p> <p>Processed by: _____</p> <p>Date Mailed: _____</p>
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