

Part I. *(To be completed by student)*Name: _____ SSN or ID: _____
Last First InitialAddress: _____
Street_____
City State Zip Code

Course: _____ Year: _____

 Mail Final Grade to: For developmental studies courses, mail test scores and/or final exam score to:

Office or Person: _____

Complete Mailing
Address Required: _____
Street_____
City State Zip Code

Please release information regarding my course work at the college for the course indicated above.

Date Student's Signature**Part II.** *(To be completed by Instructor)*

1. The above student had received the following final grade of _____ in the course indicated above.
2. For developmental studies courses, the above named student has received the following test and examination scores. No average is calculated in Developmental Studies. Competency-based instruction is used.

3. The above named student has not completed the course, but at this time is doing:

 Satisfactory Unsatisfactory_____
Date Instructor's Signature