Student Request for Grade Reports to be Mailed

Name ________________________________
ID# ___________________

Semester: Fall / Spring Year: 20___
Grade Report: Mid-term / Final
Please circle what applies
Please circle one or both

Address: ____________________________________
______________________________
______________________________

I give John Brown University permission to mail my mid-term/final grades to the address listed above.

Signature __________________________ Date: ____________

This form must be completed and returned to the Registrar's Office each semester in order for grades to be mailed. Fax number is 479 524-7278. Scan/email to registrar@jbu.edu