

Clark University

Registrar's Office
950 Main Street
Worcester, MA 01610-1477
FAX: 508.793.7548

Parent Request for Release of Grades

Print Student
Name: _____

Last Name	First Name	Middle Initial
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Clark ID# _____

I/We hereby affirm that my(our) son/daughter, currently enrolled at Clark University, is a dependent for tax purposes. I/We request that a copy of my (our) son's/daughter's grades for the coming academic year only (Fall 2011 and Spring 2012 semesters) be mailed to me (us) at the address listed below:

Last Name	First Name
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Last Name	First Name
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Address: _____

City: _____ State: _____ Zip Code: _____

Nation: _____

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Please Return to the Registrar's Office