

Clark University

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

Student Request for Release of Grades

If you wish to have your parents or a third party receive a copy of your semester grades, please print and fill out this form and return to the Registrar's Office.

Student Name: _____

Clark ID# _____

_____ Parent or guardian

_____ Outside Scholarship Agency

_____ Other

Name and address of third party(s):

1) _____

2) _____

I authorize the Registrar's Office to send to the above third party(s) reports of my grades for the coming academic year only: Fall 2011 and Spring 2012 semesters.

Signature _____

Date _____