

**Keene State College
PARENT GRADE REPORT REQUEST**

Student's Name: _____ Student's ID Number: _____

Name and address information to which grade report is to be sent:

Name(s): _____

Street: _____

City: _____ State: _____ Zip: _____

My son/daughter is my legal dependent (as defined for federal income tax purposes) and I wish to receive a copy of his/her grade report each semester. I will notify the Registrar at Keene State College if the student named above ceases to be declared by me as a dependent.

Your son/daughter will be notified of this request.

Return form to:

Registrar's Office
Keene State College
229 Main St. Box 2607
Keene, NH 03435-2607

Parent Signature

Date

E-MAIL OR DELIVER COMPLETED FORM TO THE REGISTRAR'S OFFICE