

**Keene State College**  
**Student Authorization for Release of Semester Grades to Parent(s)**

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: \_\_\_\_\_

Permission is granted to the Registrar's to release semester grades to the specific individual and address listed above. I understand this permission continues as long as I am attending Keene State College or until I notify the Registrar's Office in writing.

**Return form to:**

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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