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

Registrar 03/09