



# University of New Hampshire

## Parent/Legal Guardian Academic Grade Report Request

Student ID Number

STUDENT NAME

LAST NAME

FIRST NAME

MI

### Parent/Legal Guardian Academic Grade Report Request:

My son\daughter is my legal dependent, as shown on the attached Federal Income Tax return, and I wish to receive a copy of his\her grades for the  academic year.

Please complete and return the Grade Report Request Form to the Office of the Registrar, 11 Garrison Avenue, Durham, NH 03824-2511. Please note this authorization allows the University to send your child's grades only for that academic year. A new request form must be submitted annually along with a copy of the parent or guardians tax return (page 1 only with dependent listed) as proof the student is a legal dependent.

Signature

Date

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OFFICE USE ONLY

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Entered by

Date