



Request for Report Card

Office of the Registrar

Student's Name: _____

Date of Birth: _____

Semester being requested: _____

Please verify your home mailing address or email address. Report card will only be sent to the student.

Signature

Date

Additional requests will be honored when accompanied with a self-addressed stamped envelope.

Form may be faxed to 937-772-9385 or mailed to the address listed below.

Office of the Registrar * 579 College Way * Urbana Ohio * 43078 * 937-772-9335