

Official Copy of Quarterly Grades Form

Please return completed request form by fax to Clark State at 937/328-6097 or mail it to the address at the bottom of the page.

Name _____
Last First Middle Maiden

Social Security Number _____ Quarter/Year of Request _____

Please check one:

_____ I will pick up grade(s) _____ Mail grades(s) to address below:

Signature _____ Date _____
(Required)

Mail to:
Records and Registration Office
Clark State Community College
P.O. Box 570
Springfield, OH 45501-0570