



REQUEST FOR GRADE REPORT MAILER
Christopher Newport University
Office of the Registrar

1 University Place
Newport News, VA 23606-2998

Fax: (757) 594-7711
Phone: (757) 594-7155

Student Name: _____

Student ID Number: _____

Term: Fall Semester Spring Semester Summer Term I Term II Term III Year 20 ____

(please note a *separate* request must be submitted if requesting more than one grade period)

Final Grades OR Mid-Term

Mail to: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Fax No. (if applicable, for delivery by fax): _____

Student Signature (Required) _____ Date: _____

Daytime Phone No: () - _____ - _____

E-mail Address: _____

Note: a new Request for Grade Report Mailer form must be submitted to the above address for each academic term. The requested grade report will be mailed to your permanent address on file or to the address provided above if different.