



CHRISTOPHER NEWPORT UNIVERSITY  
OFFICE OF THE  
REGISTRAR

## REQUEST FOR GRADE REPORT MAILER

*Christopher Newport University  
Office of the Registrar*

1 Avenue of the Arts  
Newport News, VA 23606-3072

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

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Term:  Fall Semester  Spring Semester  May Term  Summer I  Summer II Year 20 \_\_\_\_\_

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

Final Grades  **OR**  Mid-Term **OR**  Three Week Grades

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 Office of the Registrar 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.*