

IOWA STATE UNIVERSITY

**Student Request to Mail Grade Report**

This release covers one academic year (Fall, Spring, Summer).

Return to:  
Office of the Registrar  
214 Enrollment Services Center  
Iowa State University  
Ames, IA 50011-2011  
FAX: 515-294-1088

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

**University ID:** \_\_\_\_\_

Please mail my grades to the following (check only one):

- Self/Parent—grades will be mailed to the student’s interim address (where mail is sent when classes are not in session).
- Other—grades will be mailed to the address provided below.

\*Under Federal legislation, the “Family Educational Rights and Privacy Act of 1974,” I understand that my educational records cannot be released without my written permission. If “other” is checked, please provide mailing address below.

If “Other” is checked, please provide mailing address below.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

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Student Signature

Date