



REQUEST FOR A HARD COPY OF GRADES

Students Name: _____

CCSU ID Number: _____

Semester(S) to Verify: _____

I am requesting:

Fax request to: _____
Name of Recipient and fax number

Mail request to: _____
Name and Address

Hold for pick up: _____
Phone Number – Will call when ready

Authorization to Release Records:

I hereby waive my privacy rights, including, but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and I grant my consent to Central Connecticut State University, Registrar's Office, to release my records to above organization/individual. Requests cannot be made over the phone or without student's signature. Please allow 3-4 days for processing.

Student's Signature

Date

**Please complete this form and return to the Office of the Registrar for processing.
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu**