

# NORTH GEORGIA COLLEGE & STATE UNIVERSITY

## GRADE REPORT REQUEST

Student's Full Name and Address

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ngcsulD#

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Student's Signature

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Date

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Term Requested

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Number of Copies

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Send to student's address (as listed)

Student Pick Up (date/time below)

Date

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Time

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AM / PM

Office of the Registrar  
Price Memorial Hall, Room 221  
Dahlonega, GA 30597  
706-864-1760