

# GRADE MAILER REQUEST FORM

Number of copies requested: \_\_\_\_\_  Fall  Spring  Summer

MTC ID Number: \_\_\_\_\_ **OR** Social Security Number: \_\_\_\_\_

Student's current name:

**Purpose of release:**

- job
- employment
- other

\_\_\_\_\_

First

Middle

Last

\_\_\_\_\_

Current Address

\_\_\_\_\_

City

State

Zip

Grade mailer will be mailed to address currently in the system. If above address is different, do you want the address changed?

Yes  No  If yes, do you have a current phone number? \_\_\_\_\_

Phone Number

**Form must be received in the Records Office no later than two (2) weeks prior to the end of the term**

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

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Midlands Technical College  Records Office  P. O. Box 2408  Columbia SC 29202