



GRADE REPORT REQUEST FORM
CENTRAL OHIO TECHNICAL COLLEGE
1179 UNIVERSITY DRIVE
NEWARK, OHIO 43055-1767
PHONE: (740) 366-9208
FAX: (740) 364-9508

Name: _____
Last First Middle Initial

SSN: _____

I would like an official copy of my grades for the _____ quarter, _____ mailed
to the following address: Year

Student's signature

Date

11/03