



UNIVERSITY of VIRGINIA

UREG (Office of the University Registrar)

P.O. Box 400203

Charlottesville, VA 22904-4203

## Current Semester Grade Request Form

### Student Information

Student ID (UID): \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

### Parent Information

Request for: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

\_\_\_\_\_ City State Zip Code

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_