



2000 Clayton State Boulevard  
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**GRADE MAILER REQUEST**

*Laker ID* \_\_\_\_\_ *Term for Which Grade Mailer is Requested* \_\_\_\_\_

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Name* \_\_\_\_\_ *Other Last Name(s)* \_\_\_\_\_

*Current Mailing Address* \_\_\_\_\_

*Telephone Number* \_\_\_\_\_ *Email Address* \_\_\_\_\_

**How would you like to receive your grade mailer?**

- Pick up
- Faxed to: \_\_\_\_\_
- Mailed to your home address (listed above)
- Mailed to another address (list below):

\_\_\_\_\_  
*Recipient Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_