

Office of the University Registrar  
University of Missouri-Columbia

REQUEST FOR GRADES TO BE MAILED  
(Must be completed each semester)

Date

Name

Student Number

Social Security Number

Semester

Address for Grades to be mailed:

Student Signature \_\_\_\_\_

Return to: Registration Department  
Office of the University Registrar  
130 Jesse Hall  
Columbia, MO 65211  
Fax #: (573) 884-4530