



UNIVERSITY of VIRGINIA

UREG (Office of the University Registrar)

P.O. Box 400203

Charlottesville, VA 22904-4203

Spring 2012 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: _____