



REPORT CARD PRINTING REQUEST FORM

Name of Parent/Guardian: _____

Current Address: *(Include city/state/zip)*

Child(ren)'s Name(s)

School Attending

By signing below I am acknowledging that my child's report card will be mailed to the address indicated.

Signature_____

Date _____

Office Use Only

Schools will retain the original and send a copy to the technology department

Date Received

Initials

Comments: