



Culver-Stockton College  
REQUEST FOR GRADES TO BE MAILED

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

SS#: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

ADDRESS FOR GRADES TO BE MAILED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

Return to: Office of the Registrar  
Culver-Stockton College  
One College Hill  
Canton, MO 63435  
573-288-6330 – phone  
573-288-6616 – fax