

## Spring 2020 Letter Grade Verification Request Form

Student Name:	Student Commodore ID: 000		
Email Address:	Phone:		

I authorize Vanderbilt University to release to a third party the official letter grade assigned for the course(s) listed below for which I selected the pass/fail grading basis during the Spring 2020 semester:

Subject Area	Course Number	Course Title

Please send letter by mail, fax, or secure electronic delivery to the following address:

Name or Agency:				
Street Address Line 1:				
Street Address Line 2:				
City:	State:	Zip Code:	Country:	
Email Address:	Fax Number:			
We are required by federal law of information that is protected		d-written signature	to authorize the release	
Signature:		Date:		
(Signature cannot b	e typed and must be han	d-written.)		
Submit the completed form	to the <b>Office of the Univ</b> e	ersity Registrar at re	gistrar@vanderbilt.edu.	

Mail: Office of the University Registrar, Vanderbilt University, PMB 407701, Nashville, TN 37240-7701