

SANDERSON HIGH SCHOOL
GRADE VERIFICATION REQUEST

TO BE COMPLETED BY STUDENT/PARENT:

Student Name: _____ Date: _____

Student ID# _____ Current Grade: _____

Student Address: _____

Email address: _____ Phone: _____

Requested by: _____ Student _____ Parent _____ Teacher

Reason for Research:

Course Name & Number: _____

Teacher: _____

Course Name & Number: _____

Teacher: _____

Please allow a minimum of 30 days for research. You will be notified when a determination has been made.

If filling in this form electronically, email completed form (top portion only) to the registrar's office at ibatista@wcpss.net. Otherwise, print, complete and return to Student Services.

Summer hours are Mondays - Friday, 7 am – 3 pm.

TO BE COMPLETED BY SHS STAFF:

Outcome:

Grade Change (if applicable):

Verified by: _____ (Administration) on _____ (Date)

_____ Original to NCWise for transcript change _____ Copy to parent

Date of Confirmed Transcript Change (if applicable): _____ (NC Wise)