ELEMENTARY SCHOOL GRADE CORRECTION/TRANSCRIPT CHANGE REQUEST FORM

Student Last Name		First Name	Student #	Grade
School		Date	_Counselor	
Please check and complete the a	ppropriate section.			
SECTION I (teacher/administrator generated) - GRADE CORRECTION:				
Course Name		_ Course #	School Year	
This change is for:	Semester 1 2			
GRADE RECEIVED:	Semester Grade	Overall (Transcript) Grade	-	
GRADE CORRECTION REQI		Overall (Transcript) Grade	-	
Explanation of Grade Correction:				
Explanation of Reason for Transo	cript Change:			
Teacher/Administrator Name (print)		Teacher/Administrator Signature	 Date	
Principal approval is required for Section I APPROVED DENIED		Principal's Signature	 Date	
For Official Use Only				
Clerk/Registrar's Signature:			Date Completed in Infinite Campus:	

SECTION I – GRADE CORRECTION

White: Student Cumulative Folder

Distribution:

- > This section is completed in its entirety by teacher or administrator
- > Explanation of grade correction/transcript change must be provided
- The request for grade change must be approved/denied and signed by school principal (middle of the page)

Pink: Administrator

Yellow: Counselor

Clerk/Registrar returns a corrected copy of student's transcript and completed form to teacher/counselor to verify completion of request

CLERK/REGISTRAR MUST DATE AND SIGN FORM WHERE INDICATED WHEN CORRECTION/CHANGE IS ENTERED INTO INFINITE CAMPUS.

FILE APPROVED FORM IN THE STUDENT'S CUMULATIVE FOLDER.