



Grade Change Authorization School Year 2016-2017

Teacher Name:	
Student Name:	
Course Name:	
Original Grade:	
New Grade:	
Quarter (check the appropriate quarter):	Quarter 1 _____ Quarter 4 _____ Quarter 2 _____ Final Grade _____ Quarter 3 _____
Reason for Change:	
Does student need new report card issued?	YES NO

Teacher Signature: _____

Date: _____

Return completed form to Beth Kitsos or Kevin McLaughlin:

For office use only

Grade Change Authorization Received on: _____

Grade changed in School Brains on: _____

New report card printed: _____