



**THE ADULT STUDIES PROGRAM** **SUMMER 2009**  
 EMPLOYER TUITION DEFERRAL PROGRAM – GRADE RELEASE FORM

Student Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle Initial

Employer \_\_\_\_\_

I give permission for Virginia Wesleyan College to release my grade(s) for the Summer 2009 semester to my employer.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Send grades to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COURSE	SESSION

PLEASE SUBMIT A STAMPED ENVELOPE ADDRESSED TO YOUR EMPLOYER, WITH YOUR NAME & COURSE NUMBER(S).  
 5019ASP-GRE 0309



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