

TO THE APPLICANT

The Optional Grade Report may be used at any point in the academic year to submit updated grades to your colleges and universities, but it should not be used as a substitute for the Midyear or Final Report. After completing the information in this section, give this form to your school counselor or another school official who knows you better. If applying via mail, please also give that school official stamped envelopes addressed to each institution to which you have applied.

Legal Name					$$ \bigcirc Male				
Last/Family/Su	(Enter name exactly as it appears on official documents.)	First/Given	Middle (complete)	Jr., etc.					
Birth Date	CAID (Common App ID)								
	mm/dd/yyyy								
Address									
Number & Street	Apartment #	City/Town	State/Province	Country	ZIP/Postal Code				
School you now attend		CEEB/ACT Code							

IMPORTANT PRIVACY NOTE: In accordance with the Family Educational Rights and Privacy Act (FERPA), the original School Report submitted on your behalf reflects your choice to waive or not waive your right of access to all recommendations and supporting documents. That response applies to all subsequent reports, including this one. You chose the following:

• Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

O No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

TO THE SCHOOL COUNSELOR

This form is not a substitute for the Midyear or Final Report. Please use this form only if you wish to update the applicant's grades at another point in the year. Attach the applicant's official transcript, including courses in progress and transcript legend. (Please check transcript copies for readability.) Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.

Counselor's Name (Mr./Mrs./Ms./Dr.)					
	Please print or type				
Signature 🖄				Date	
Title		School			
Title		3011001			
School Address					
Number & Street	City/Town	State/Province	Country	ZIP/Postal Code	
School Website Address					
Counselor's Telephone ()		Counselor's Fax)		
Area/Country/City Code	Number Ex	t.	Area/Country/City Code	Number	
School CEEB/ACT Code	Counselo	r's E-mail			
Class Rank Class Size Covering a per The rank is O weighted O unweighted. How many additional students share this rank? O We do not rank. Instead, please indicate quartile	(mm/yyyyy) (mm/yyyyy) 	This GPA is ○ weigh Highest GPA in class	ted \bigcirc unweighted. The scho	ng a period from to (mm/yyyy) (n ol's passing mark is Graduation Date	nm/yyyy)
This report is sent to convey: O First quarter/trimes Have there been any changes to the senior year cour Have there been any changes in the applicant's disci O Yes O NO O School policy prevents me from res To your knowledge, have there been any changes to O Yes O NO O School policy prevents me from res Do you wish to update your original evaluation of this If you responded yes to any of the preceding ques O Check here if you would prefer to discuss the	ter senior grades O School ses listed on the original Scho plinary status at your school s sponding the applicant's criminal histor sponding applicant? O Yes O No stions, please attach an exp	Report/transcript correct col Report? O Yes O since you submitted the ry since you submitted f planation.	No e original School Report? the original School Report?		
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