

Passaic Valley Regional High School District #1

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Passaic Valley Regional High School  
East Main Street  
Little Falls, New Jersey 07424

**Mid-Year Grade Request Form**

I, \_\_\_\_\_ DOB: \_\_\_\_\_  
(Student name)

Do hereby request that my mid-year grades be sent to the following schools:

Name of college and email address of admissions office:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signature of student requesting mid-year grades: \_\_\_\_\_ Date: \_\_\_\_\_

+Please return to guidance by January 31<sup>st</sup>.  
+only list schools that are requesting the midyear report