

Office of the Registrar
Methodist University
5400 Ramsey Street Fayetteville, NC 28311
(910) 630-7318

Authorization of Grade Disclosure

I hereby authorize Methodist University to release my grade reports, both midterm and final, cumulative and semester GPA, for the _____ academic year, to my parent(s), or other named individuals or entities. If parents live at different addresses, please list them both.

LAST NAME FIRST NAME

LAST NAME FIRST NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

If person(s) named above are not your parent(s), how are they related to you?

The released reports will be used for the purpose of

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the person(s) specifically listed. This release does not permit the disclosure of these records to any other person(s) or entities without my written consent or as permitted by law.

DATE

STUDENT NAME

SOCIAL SECURITY NUMBER

STUDENT SIGNATURE