

AUTHORIZATION FOR ACCESS TO STUDENT GRADE REPORTS RELEASE FORM

I understand that under the provisions of the Federal Privacy Act of 1974, as amended, my university records will not be released without my approval. I hereby authorize Xavier University to release grade reports to the person(s) named below. I waive any requirement that I be furnished a copy of those records of grades prior to or concurrent with their release. This consent remains in effect until May 31, 2010.

PLEASE PRINT ALL INFORMATION

STUDENT INFORMATION

PRINT – Student Name

Home Address, City, State, and Zip

Last 4 Digits of Social Security Number

Student Cell Phone Number

Student Signature

Date

PARENT INFORMATION

PRINT – Parent/Guardian(s) Name

Address, City, State, and Zip code

E-Mail Address

Parent Cell Phone Number

Parent Cell Phone Number

Second Parent/Guardian(s) Name-if different from above

Address, City, State, and Zip code

If you did not submit this form at PREP, please mail to:
Xavier University, Office of Student Success and Retention, 3800 Victory Parkway, Cincinnati, OH 45207-3111.