

FINLANDIA UNIVERSITY STUDENT GRADE RELEASE AUTHORIZATION FORM

This "Student Grade Release Authorization Form," which allows parents or guardians access to grade information, remains in effect until the student withdraws the release or leaves the college.

Student Name _____ Student ID # _____

_____ I authorize my academic advisor, the Provost, the Deans of the schools or colleges, the Academic Risk Advisor, the faculty, and/or the University Registrar to release my Finlandia University grade reports/transcripts and discuss my academic progress, upon request, with my parents/guardians as listed below. I understand that this authorization will remain in effect until I submit the necessary changes, in writing, to the Office of the University Registrar.

_____ I authorize Finlandia University to release information about my academic and extracurricular achievements to local, regional, and national media to publicize my activities while I am a student at Finlandia University or until permission is removed by me.

_____ I **DO NOT** authorize my academic advisor, the Provost, the Deans of the schools or colleges, the Academic Risk Advisor, the faculty, and/or the University Registrar to release my Finlandia University grade reports/transcripts or discuss my academic progress with my parents or guardians. I recognize that my parents/guardians will be notified of my decision if they request this information.

_____ I **DO NOT** authorize Finlandia University to release any information about my academic and extracurricular achievements to local, regional, and national media to publicize my activities while I am a student at Finlandia University.

Printed Name _____

Student Signature _____ Date _____

PARENT/GUARDIAN INFORMATION

(Names must be filled in for the form to be in effect)

____ Mother ____ Guardian

First Name	Middle Name	Last Name	Phone #
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Street Address	City	State	ZIP Code
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____ Father ____ Guardian

First Name	Middle Name	Last Name	Phone #
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Street Address	City	State	ZIP Code
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