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 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.

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 #**

_____

Street Address **City** **State** **ZIP Code**

☐ **Father** ☐ **Guardian**

_____

First Name **Middle Name** **Last Name** **Phone #**

_____

Street Address **City** **State** **ZIP Code**