

ACADEMIC RECORDS RELEASED TO PARENTS FORM
(Optional Release Form)

Office of Graduate & Undergraduate Programs
701 Ginger Hall
Morehead, KY 40351
PHONE: 606-783-2004
FAX: 606-783-5061

Date: _____

I, _____

- waive my right under the Federal Family Rights to Education Privacy Act of 1974 and give my permission to have my grades, classroom progress for the 2009-2010 academic school year, and scheduling of classes discussed with my parents/guardian if deemed necessary by the Office of Graduate & Undergraduate Programs at Morehead State University.

- do **NOT** give permission to have my grades, classroom progress for the 2009-2010 academic school year, and scheduling of classes discussed with my parents/guardian if deemed necessary by the Office of Graduate & Undergraduate Programs at Morehead State University.

Signature: _____

Student ID Number: _____

Social Security Number: _____