

STUDENT AUTHORIZATION FOR PARENTAL INQUIRY

I _____, _____ do hereby grant permission
Student Name Student Number

for my parent/guardian _____ to access the following:
Parent/Guardian Name

Place an X by the appropriate selection

- _____ Semester Grade(s)
- _____ Cumulative Grade(s)
- _____ Advisement
- _____ Student Schedule
- _____ Attendance/Non-Attendance

This authorization is valid from _____ and will terminate on _____
Date

Date

Student Signature

Date

Please note that no printed materials will be prepared by the institution on behalf of parents/guardians named herein. This authorization is solely for informative purposes.