MACON STATE COLLEGE
THE UNIVERSITY SYSTEM OF GEORGIA

Office of the Registrar
100 College Station Drive
Macon, GA 31206-5144
(478) 471-2853

Authorization of Grade Disclosure

I hereby authorize Macon State College to release my final grade report for the semesters and year indicated below to my parent(s), or other named individual(s) as listed below. (If parents live at the same address, please list them both in #1.)

☐ **Fall 2011** ☐ **Spring 2012** ☐ **Summer 2012** ☐ **Fall 2012** ☐ **Spring 2013** ☐ **Summer 2013** ☐ **Fall 2013**

1. Name: _____
Last First MI

Address: _____
Street Apt City StateZip

2. Name: _____
Last First MI

Address: _____
Street Apt City StateZip

3. Name: _____
Last First MI

Address: _____
Street Apt City StateZip

If the person(s) names above are not your parent(s), how are they related to you:_____.

The released reports will be used for the purpose of _____

_____

_____

I understand that by signing this authorization, I am waiving my rights of non-disclosure of these records under federal law only as to the person specifically listed. This release does not permit the disclosure of these records to any persons or entities without my written consent.

_____
Date

_____
Student's Name (print)

_____
Signature

_____
Student ID# or SSN