

**Authorization of Grade Disclosure**

I, the undersigned student, do hereby authorize the UAB Office of Registration and Academic Records to release my grade report to my parent(s) or other named individuals upon their written request. My signature authorizes UAB to release information about me during the period in which I am enrolled at UAB. I understand I have the right to terminate this authorization by providing written notice to the Office of Registration and Academic Records.

*If parents live at the same address, please list both in #1.*

1. _____	2. _____
Name(s)	Name(s)
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Telephone	Telephone

If the person(s) name 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 nondisclosure of these records under federal law only to the person specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

_____	_____
Date	Student's name (print)
_____	_____
Student number	Student's signature

**NOTICE: Authorization becomes valid when filed in the Office of Registration and Academic Records.**