REQUEST FOR A GRADE REPORT
by Parents or Legal Guardians

Federal law protects the academic privacy of all students who take classes at the postsecondary level. Access to grades by parents or legal guardians is not allowed unless 1) the student fills out a transcript request with photo ID and directs it to be mailed to parents, or 2) the parent or legal guardian completes this form and presents documentation showing that the student is a financial dependent.

The University cannot accept requests to automatically send grade reports to parents or legal guardians every term. Instead, a new request form must be submitted each time a grade report is desired.

TO: Office of the Registrar
Wichita State University
1845 Fairmount
Wichita, KS 67260-0058

From: ___________________________ ___________________________
Your name, printed day telephone number

Street Address City State Zip Code

I request the grade report indicated below for:

Student Last Name, First, MI Date of Birth

Term: _____ Fall _____ Spring _____ Summer (please check one)
Year: 20_______ (please complete)

I certify that I am the parent or legal guardian of the student listed above, who, for the term a Grade Report is requested, was my dependent as defined in section 152 of the Internal Revenue Code of 1954. (This section essentially defines eligible parents or legal guardians as those who contribute more than half of the student’s income as filed on the last tax year’s Federal Income Tax Form).

I have enclosed a copy of the first page of my last tax year’s federal income tax return. (Income figures may be deleted.)

I understand that the university is obligated to notify the student of this release of information.

I further understand that federal law prohibits me from revealing grade report information to a third party without the student’s permission.

I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3711).

Signature: ___________________________ Date: _________________

Notarization: Subscribed and affirmed before me this ______ day of _________________________.
20____, at _______________________. _________________________.
(city) (state)
My appointment expires: _______________________/s/ _________________________.(Notary Public)

RETURN DIRECTLY TO: Registrar, Wichita State University
1845 Fairmount, Wichita, KS 67260-0058

12/07/07