

**SPRING HILL COLLEGE
REGISTRAR'S OFFICE**

STUDENT INFORMATION WAIVER

Student Name _____ ID# _____

Academic Year _____

Parent Name _____

Parent Address _____

City _____ State _____ Zip _____

I hereby give my permission for the parent(s) named above to have access to my student information at Spring Hill College for this academic year. I understand that this will allow them to receive a copy of my grades as well as the right to discuss my academic progress with my instructors and/or advisor. I also understand that this waiver is valid for this academic year only, and must be filed annually by me in the Registrar's Office within two weeks after the first day of class of the next fall semester.

Student Signature

Date