

AUTHORIZATION FORM

Release of Information for Dependent Students

As a Dependent Student (dependent for federal income tax purposes as defined by Internal Revenue Code Of 1954, Section 152) I hereby authorize the release of the following information to my parents and/or guardians listed below:

Check (✓) categories that apply.

- Academic information** including grades, academic progress reports, transcripts and class schedules (Grades are posted on IQ WEB at the end of each semester. Dependent Student has password access to their information).
- Financial Information** including financial aid, billing information, balance due and credits to account (Billing statements will be forwarded to the address provided).
- Judicial/Disciplinary Information** including disciplinary violations, actions taken and sanctions imposed (Released only upon request).

Filed with:

**Mount Olive College
Office of the Registrar
Waylin Center/551 Michael Martin Rd.
Mount Olive, NC 28365**

(Print full legal name of student)

(Social Security Number)

(Birth date)

Student Signature

(Signature of Parent or Guardian)

(Print name of Parent or Guardian)

(Date)

(Street Address or Box Number)

(City

State

Zip)

Please note the following guidelines: