



OFFICE OF ADMISSIONS, RECORDS AND REGISTRATION

**Permission to Provide/or Post Non-Directory
Information to Students via E-mail**

I give permission for *(Name of Instructor)* _____

to use E-mail to provide or exchange non-directory information such as grades, assignments
and other course related information with me during the *(Current Year)* _____ semester:

(Select One) ☐ fall ☐ spring ☐ summer I ☐ summer II

for the course *(CRN)* _____ *(Course Subject/Number)* _____ *(Section Number)* _____

I understand that there is no guarantee of confidentiality on the Internet and it is possible for
a third party to gain access to this information.

Printed Name of Student: _____

Email Address: _____

Student ID Number: _____

Signature of Student: _____ Date: _____