
DEPENDENT AUTHORIZATION

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 in Self-Service 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:

**University of Mount Olive
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

Name of Authorized Parents or Guardians