



Consent to Post Grades

I hereby give permission to the instructor of this course to publicly post or email to the address I provide below, the grades and scores earned by me during the semester/session.

Semester:

Year:

Student Name:

Western Identification Number (WIN):

Email Address:

Instructor Name:

Course:

Section:

This consent is executed for the purpose of expediting my access to the scores and grades for this course. I understand that these grades and scores will be posted by the ***last digits*** of my student identification number.

Student Signature X

Date X

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