

Authorization to Receive Graded Papers in Class

I understand that my instructor, Kathryn Bollinger, will be passing out graded papers in class. I understand that this will involve passing papers down the rows of students and that my grades on homework and quizzes may be seen by other students.

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**PLEASE CHECK ONE OF THE FOLLOWING:**

**I AGREE** to have my graded papers passed back to me in class in the manner described above.

**I DO NOT AGREE** to have my graded papers passed back to me in class in the manner described above. I will make arrangements with my instructor to pick up my papers in her office.

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Printed Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Class: MATH \_\_\_\_\_ Section #: \_\_\_\_\_ Seat #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_