

Authorization to Receive Graded Papers in Class

I understand that my instructor, Mrs. Nite, will be passing out graded papers in class. I understand that this will involve passing papers down the rows of students and that my grade on quizzes and exams may be seen by other students.

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 arrangement 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: _____