

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 may involve passing papers down the rows of students or putting them in alphabetized stacks in front of the room for me to pick up 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 to pick up my papers in Mrs. Nite's office during her office hours.
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Printed Name: _____

Student ID Number: _____

Class: MATH _____ Section #: _____

Signature: _____

Date: _____