



WESTERN MICHIGAN UNIVERSITY
Office of the Registrar

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Kalamazoo, MI 49008-5256
(269) 387-4300
www.wmich.edu/registrar

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.

Please print clearly

Student Name (Last):	(First):	(M.I.):	WIN:
Email Address:	Instructor Name:		
Course Title:	Course:	Section:	

Important - please read and sign.

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 Western Identification Number.

Student Signature: _____ Date: _____