**Office of the Registrar**
**California Institute of Technology**
**Mail Code 125-87**
**Pasadena, CA 91125-8700**

**Consent to Return Graded Assignments in a Public Manner**
**Course FERPA Waiver**

In compliance with Family Educational Rights and Privacy Act (FERPA), it is the policy of the Institute to maintain the confidentiality of student's records.

I understand that the record of my academic performance at the Institute is confidential. However, in an effort to maximize instruction time and limit time expended passing back assignments during the term, I authorize the instructor and TAs of the course listed below to place my exams and assignments out for pick-up immediately before, during or after class time, or to pass them around during the class period.

**I understand that I may rescind this waiver, in writing, at any time during the academic term.**

**Student Name:** _____
**Last Name** **First Name**

**UID:** _____

**Signature:** _____

**Date:** _____

**Course:** _____

**Term/Year:** _____

**Please return the completed form to the instructor or TAs.**

This authorization must be filed each term with the course instructor.