Family Educational
Rights and Privacy Act Waiver
For
CVEN 483-500
Fall Semester 2014

I _______________________________ (please print name in blank) agree to allow Dr. Bracci (Professor of record) or the course grader to return graded work associated with this course by circulating graded stacks of papers through the class, placing papers outside of either Dr. Bracci’s office or the grader’s office, or leaving papers in the classroom bookcase in full realization of the fact that returning papers in this manner may allow someone else to see my grades during the process. The work to be returned in this manner includes, but is not limited to, homework, pop quizzes, major exams, and final exams.

____________________________________
(signature)

____________________________________
(UID)

I _______________________________ (please print name in blank) want to pick up all of my graded work associated with this course privately from the course grader. To do this I will arrange to go to the grader’s office at a time that is mutually convenient for both the grader and myself. I realize that picking up my work in this manner may delay the return of my graded work until I am able to consummate each appointment with the grader.

____________________________________
(signature)

____________________________________
(UID)