



# UNIVERSITY OF MARYLAND

COLLEGE OF ARTS AND HUMANITIES  
*Office of Student Affairs*

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## Parent Access Form

I, \_\_\_\_\_, ( \_\_\_\_\_ )  
*Name: Please Print* *Student ID or Social Security #*

\_\_\_\_\_ (a) do hereby **grant permission** for staff in the College of Arts and Humanities to discuss my academic circumstances with my parent(s)/guardian(s) as listed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_ (b) **do not grant permission** for staff in the College of Arts and Humanities to discuss my academic circumstances with my parent(s)/guardian(s).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*