



## Academic Records Waiver

As a participant in Summer Honors 2020, I understand that Lee University is legally bound to maintain confidentiality in regards to my academic performance. In no way may Lee University or any of its officers release information concerning my academic performance to anyone without my express written consent.

By signing below, I do grant Lee University and its officers permission to discuss my Summer Honors 2020 academic performance with the parent(s) or legal guardian(s) I identified on the consent and waiver forms I previously submitted for this program. I also understand that I may revoke this waiver in writing at any time.

---

Student Name

---

Student Signature

---

Date of Birth

---

Date