University of Missouri Parental Notification Policy
Waiver Form Declining Notification

I hereby decline participation in the University of Missouri's parental notification program**.**

Student's Full Name: _____
(Last) (First) (Middle)

Student's Social Security Number: _____

Parent/Legal Guardian's Name (please print): _____
(Last) (First)

Relationship to Student: _____

Signature:_____

Date: _____

Please submit to:

Keishea' Boyd
Director of Student Conduct and Civility
University of Missouri – Kansas City
Student Union 323
5100 Rockhill Road
Kansas City, MO 64110-2499