



**THE OHIO STATE UNIVERSITY**

COLLEGE OF NURSING

## Student Affairs Student Consent Form

I, \_\_\_\_\_, \_\_\_\_\_ hereby authorize  
Student Name OSU ID

\_\_\_\_\_ to discuss my  
Academic Advisor, Faculty Member, Student Affairs Administrator, Other

academic record with \_\_\_\_\_ and provide  
Parent(s), Guardian, Spouse, Partner, Other

information on same upon his/her/their request on: \_\_\_\_\_.  
Specific Date(s), Duration of Enrollment, etc.

By endorsing this form, I intentionally, knowingly, and voluntarily waive my rights under both Federal and State law to the privacy of my academic record for the time (s) noted above.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please return this form to the College of Nursing, Office of Student Affairs, 106 Newton Hall.