



**THE OHIO STATE UNIVERSITY**

COLLEGE OF NURSING

**Office of Student Affairs and Success  
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

Email this completed form to the academic advisor listed on your Buckeyelink account.

Students who do not have an assigned academic advisor should email the form to [nursing@osu.edu](mailto:nursing@osu.edu)