

OSU Expanded Options Program
Student Waiver

Date: _____ Expires: _____
(Note: The expiration date is less than one year, usually the end of the current school year.)

Student Name (printed): _____

School District: _____ School: _____

School XOP Contact Person: _____

Phone: _____ E-mail: _____

I authorize the OSU Expanded Options Program (XOP) to disclose the following information to my School XOP Contact person:

- Information needed to admit and register me for OSU XOP classes.
- Information needed to determine my OSU XOP class schedule.
- Information needed to pay my OSU XOP tuition and fees.
- Information needed to determine my progress in my OSU XOP classes.
- Information needed to determine my final grades in my OSU XOP classes.

____ Other information as follows: _____

The purpose of this disclosure is to provide information sharing between OSU and my school to facilitate my participation in the Expanded Options Program.

Student Signature

Date

School: After completing this form, please retain the original and fax (541-737-6124) or mail a copy to: Joan Oakes, Extended Campus, 4943 The Valley Library, Corvallis, OR 97331-4504.