



**PSU Expanded Options Program (EOP)
Student Waiver**

| | |
|---------------------------------------------------------------|-----------------------|
| Date: _____ | Expires: _____ |
| Note: The expiration date is 12 months from enrollment | |

Student's Full Legal Name (print): _____

School District: _____ **School:** _____

School EOP Contact Person: _____

Phone: _____ **Email:** _____

I authorize PSU to disclose the following information to my School XOP Contact Person and to the State Board of Education to facilitate my participation in the Expanded Options Program and as required for reporting purposes under SB300.

Information needed to admit and register me for courses under PSU XOP

Information needed to determine my PSU XOP class schedule

Information needed to pay my PSU XOP tuition and fees

Information regarding my final grades in my PSU XOP classes

Other information as follows: _____

Student Signature

Date

*After completing this form, please fax (503-725-4880)
or mail to Independent Study Program, PO Box 1491, Portland, OR 97207-1491.*