

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER
AT SAN ANTONIO SCHOOL OF NURSING

MULTIPLE CONSENT FORM FOR UNDERGRADUATE NURSING STUDENTS

I CONSENT TO HAVE MY GRADES FOR THE NURSING COURSES AT THE SCHOOL OF NURSING, PUBLICLY POSTED, PROVIDED THAT I AM IDENTIFIED ONLY BY A UNIQUE AND CONFIDENTIAL IDENTIFICATION CODE.

STUDENT'S NAME (PRINTED)

STUDENT'S SIGNATURE

STUDENT I.D. NUMBER

DATE

FACULTY & ADMINISTRATIVE OFFICES PERIODICALLY NEED STUDENTS ADDRESS & PHONE INFORMATION TO CONVEY MESSAGES. THIS INFORMATION IS ALSO REQUESTED BY FELLOW STUDENTS FROM TIME TO TIME. PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED BELOW AND INDICATE WHETHER YOU GIVE YOUR PERMISSION FOR RELEASE OF INFORMATION TO FELLOW NURSING STUDENTS.

PLEASE NOTIFY THE OFFICE OF STUDENT INFORMATION WHENEVER YOU CHANGE YOUR ADDRESS AND TELEPHONE NUMBER. THANK YOU.

PLEASE PRINT LEGIBLY.

NAME _____

ADDRESS WHILE ATTENDING SCHOOL _____

CITY _____

HOME TELEPHONE NUMBER _____

DO YOU WORK? ☐ YES ☐ NO ☐ DAY ☐ EVENING

TELEPHONE NUMBER AT WORK _____

YOU HAVE MY PERMISSION TO RELEASE MY ADDRESS AND TELEPHONE NUMBER

TO FELLOW NURSING STUDENTS: ☐ YES ☐ NO

STUDENT'S SIGNATURE

STUDENT I.D. NUMBER

DATE