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BETHEL COLLEGE
STUDENT CONSENT FORM

(Please print clearly)

Student name _____ _____
Last **First**

Bethel ID # _____

I give consent for Bethel College to contact my parent(s) and/or guardian(s) listed below and release any information it deems necessary, including academic, financial, medical, spiritual, and social information, as long as I am a student at Bethel College or until I withdraw consent.

Parent(s)/Guardian(s) name(s) _____

Address _____
Street City State Zip

❑ Please mail a copy of my Statement of Account (student bill) to the above person(s).
❑ It is unnecessary to mail the statement. (Student may give instructions to the person(s) to view it on the Student Web.)
Please note: Statements are no longer being mailed to students living on campus. It is their responsibility to view it on the Student Web.

Student signature _____ Date _____