



Bethel College Student Waiver Form

Student's Name _____

Student's I.D.# _____

If you would like your statement sent to your parent/guardian or if you would like to give Bethel College permission to visit with your parent/guardian regarding your student account or financial aid, fill out the form below and return it to the Student Account Office.

This form will be in affect as long as the student attends Bethel College or they request, in writing, that this form be revoked. Please remember that even though statements are sent to parents/guardians these accounts are the student's responsibility. Please note that the semester billings are always sent to the student. If those need to get to a parent or guardian, that is the responsibility of the student.

Please choose all that apply:

_____ You have my permission to visit with my parent/guardian regarding my student account and/or financial aid.

_____ Please send my student account statement to my parent/guardian.

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian E-Mail _____

Student Signature

Date

Office Use Only	
Parent's I.D. Number _____	Processing Date _____