

GORDON  CONWELL  
THEOLOGICAL SEMINARY

Student Account Access Form

*(To be filled out **by** the student)*

Student Name: \_\_\_\_\_ Box: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # & Email: \_\_\_\_\_ ID#: \_\_\_\_\_

I authorize the following individuals/organizations to access my account(s) and account information. I understand that this does not give them permission to access/withdraw account funds unless I specify below.

*Please indicate whether you would like the following to have access to all accounts or only specific accounts (i.e. Rent Account, Student Account). If you do not specify, we will assume that they have access to all accounts.*

<u>Name</u>	<u>Relationship</u>	<u>Permission to withdraw funds? (Yes or No)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_