

# Account Contact Designation Form

Complete the form below to designate the parent/guardian who will have the following authority to act on the student's behalf: change student contact information or request/change e-Statement username or password. **Return completed forms to your child's school.**

**Student Name:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Please provide the Account Contact information below.**

First Name	Middle	Last Name	Date of Birth	
Address		City	State	Zip Code
Best Contact Phone Number	Email		Mother's Maiden Name	

**Account Contact Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Office Use Only:

### Barry County School Authorization:

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

Print Name: \_\_\_\_\_ School Name: \_\_\_\_\_

### Barry Community Foundation:

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

Print Name: \_\_\_\_\_

### HCB Office Use:

Employee Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

