



IABC STUDENT CONSENT FORM



APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS

Name: Last First Middle

Address: Street City State Zip Code

Contact Info: Phone Email

Pastor Church Baptism Date

Completion of this form is for consent to attend and complete the Associate of Arts in Theology or the Bachelors of Arts in Theology Degree through the International Apostolic Bible College.

Student Name Student Signature Date

The following signatures confirm that _____
[student's name] has been granted permission to enroll in one of the International Apostolic Bible College programs. As the student's pastor, I acknowledge responsibility for ensuring that the student completes his/her program. Should the student either withdraw from the program or miss more than two courses within a year, this form releases authorization from IABC to notify you as their pastor..

Pastor's Name Pastor's Signature Date



"The Most Powerful Means of Transformation: Education"