



# IABC NEW STUDENT Consent Form

APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS

<b>Name:</b>	Last	First	Middle
<b>Address:</b>	Street	City	State
			Zip Code
<b>Contact Info:</b>	Phone	Email	
	Pastor	Church	Attending Since

Completion of this form is for consent on behalf of your local Pastor and Bishop to confirm approval to pursue Theological studies within the IABC.

Student Name	Student Signature	Date
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The following signatures verify that \_\_\_\_\_ (students name) is granted permission to pursue his/her theological education within the \_\_\_\_\_ District Bible College Campus.

Pastor's Name	Pastor's Signature	Date
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Bishop's Name	Bishop's Signature	Date
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**FOR OFFICIAL USE ONLY**

This application has been reviewed by the designated officials for sponsorship

**Approved**

**Not Approved**