



IABC NEW 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	_____ 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**

IABC Campus Director

Date