

# 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 parent or guardian 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:** \_\_\_\_\_

**School's Authorized Signer:**

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

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

---

## Office Use Only:

**Barry Community Foundation:**

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

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

**HCB Office Use:**

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

