

Student Opt-In Form



**KENNESAW STATE
UNIVERSITY**
DIVISION OF STUDENT AFFAIRS
Health Promotion and Wellness

Today's Date: _____

KSU ID #: _____

Email Address: _____@students.kennesaw.edu

Last Name: _____

First Name: _____ MI: _____

Primary Phone Number: _____

Student Opt-In

Payment Amount and Frequency

\$3.00 per semester

Must Opt-In Each Semester

By providing my signature on this form below, I am giving KSU Health Promotion and Wellness permission to charge my student account for the amount listed above as access for the stated semester for access to the programs and services provided by Health Promotion and Wellness at Kennesaw State University.

Signature: _____ Date: _____