Student Opt-In Form

Today's Date: ___________________  KSU ID #: ____________________________

Email Address: __________________________@students.kennesaw.edu

Last Name: ___________________________________________________

First Name: ____________________________________________  MI: _________

Primary Phone Number: _______________________________________

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: ___________________