

# DISTANCE LEARNING FACILITY AUTHORIZATION FORM

(To be completed by Authorized Person)

STUDENT INFORMATION	
Name:	Address:
Email:	
Phone Number:	
FACILITY INFORMATION	
Name:	Address:
I certify that I have the authority to give permission to host the above-named person at the above-named facility.	
Authorized Person Printed Name: _____	
Authorized Person Signature: _____ Date: _____	