Permission to Text



Full Name	
Student Name	Student ID#
Relationship to Student	
Please complete the information belocommunications via text messaging.	ow to let us know if you agree to accept
☐ YES – please sign me up to receive text me	essaging communications. I understand that my service provider's text charges will apply.
My cell phone number is	
My telephone service provider is	
information regarding my financial aid, student account, or	e calls and/or text messages* at the number(s) provided by the college representative with or loan repayment. I understand calls may be initiated by an automated telephone dialing on or services from West coast University. (*Standard rates may apply)
■ NO – I do not wish to be contacted via tex	t messaging.
Signature	Date

Note: This permission may be withdrawn at any time by completing and submitting a new Permission to Text form to the Financial Aid Office.