



Campus Connection
Request for Change In Services

Adding additional person authorized to pick up my child/children
Person adding: _____

Request to change from emailing statements to mailing statements to address on record.

Plan Change
Please change my child's plan from _____ to _____

Address Change/New Address _____

Authorized person to receive account information & make plan/termination changes
Person Adding: _____

Email address change: _____

Termination of services - **Two week notice is required**

Please reinstate my child effective _____ on Plan _____

Child's Name: _____

School: _____ Account Number: _____

Reminder: Two week notice is required from the date this form is turned in and signed by a Campus Connection staff member or date received at the Campus Connection Billing Office.

Parent/Guardian Signature: _____ Date: _____

Received by: _____ Date: _____