



# PHILLIPSBURG HIGH SCHOOL

OFFICE OF SCHOOL COUNSELING SERVICES

August 2018

## STUDENT ACCESS AUTHORIZATION FORM

(Return to Guidance Office)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

GRADE: \_\_\_\_\_

HOMEROOM: \_\_\_\_\_

***Email address (required): \**** \_\_\_\_\_

PLEASE WRITE NEATLY AND LEGIBLY, AND BE EXACT WITH ADDRESS  
(i.e. uppercase letters/lowercase letters/numerals, etc.)

***Language you would like Student Module to show in:***    *English*  
*Spanish*

***\*Confirmation of registration will be sent to the above email address when activated.***

### OFFICE USE ONLY

Entered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    By: \_\_\_\_\_