



Kawerak, Inc.
Education, Employment and Supportive Services (EESS)
Community Education Department (CED)
ANEP Project REMOTE
Higher Education Internet Agreement
Email: projectremote@kawerak.org

STUDENT CONSENT AND AUTHORIZATION FOR ACCESS TO INTERNET SERVICE PROVIDER RECORDS

I, _____, attached to this form, hereby authorize
(Name of Student)

(Name and Internet Service Provider)

to disclose the the amount owed on my account, allow payment on my behalf, and to send
receipts of payment to any Kawerak Project REMOTE staff at projectremote@kawerak.org for
my enrollment in Project REMOTE.

I understand that this authorization can be revoked by me in writing at any time before my
records, as described above, are disclosed, and that this authorization is valid for no more than
one year from the date of my signature.

(Date)

(Signature of Student)

(Address of Student)