



Spokane Community College
PACE/SEER SIGNATURE AUTHORIZATION FORM

PLEASE TYPE OR PRINT WITH A BALLPOINT PEN.

I, the undersigned legal guardian of:

Student Name: _____

Student ID: _____

Hereby authorize the above-named student to sign the following forms:

- Daily Health Attestation (COVID Form)
- PACE/SEER Registration Form
- PACE/SEER FACE Sheet
- PACE/SEER Acknowledgement Form
- Consent to Share Information

Permission is hereby granted for the time:

Beginning: _____

Ending: _____ OR

Until permission is revoked.

By authorizing the above-named student to sign the approved forms, I certify that he or she is capable of making the decisions necessary to sign those forms with knowing consent.

The legal guardian retains the right to withdraw this authorization at any time.

Printed Name Date

Signature