



Date:

Centers for Spiritual Living
Online Education Department
573 Park Point Drive
Golden CO 80401

Student Name:	
Member Community Name:	
Senior Minister/Spiritual Director:	

To whom it may concern:

This letter serves as approval for student, _____ to enter into the CSL Online Education Program. I understand that this student will be completing certificated courses through the Online Program and am providing consent for them to do so. In signing this consent form, I understand that a record of this approval will be kept in the student's file for the duration of time spent in the Online Education Program. If, at any time, I chose to withdraw my consent, I will notify the Online Education Program Coordinator for CSL Home Office.

Additional Comments:

With Thanks,