



BREWTON-PARKER  
COLLEGE

By signing this document, I acknowledge I've been advised to keep my health insurance card on my person (i.e. in my wallet).

I also acknowledge by my signature that I'm responsible for reading the updated student handbook on BPC.edu and am held to its standards.

Student name (printed) \_\_\_\_\_

Student name (signature) \_\_\_\_\_

Date \_\_\_\_\_