

Student Information

1. My name is _____ and I reside at _____ (address) in _____ (country).
I am the parent of _____ (name), who was born on _____ (date).
2. I appoint the following person as my attorney-in-fact for the person named in paragraph (1).
Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____
3. I delegate to my attorney-in-fact all power and authority that I have as a parent or guardian, except the power to consent to marriage or adoption. This includes the authority to sign in my stead and to make any housing, academic, and healthcare decision on behalf of myself for my child.
4. This power of attorney lasts until _____ (date) when the child reaches the legal age of consent.
5. This power of attorney lasts even in the event of my disability.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Email: _____

Witness Signature

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Signature of Power of Attorney: _____

Witness Signature

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.