

Office of International Education & Study Abroad

Name of Minor Student: _____

Your Full Legal Name: _____

Contact Information for the Person Listed in the Limited Power of Attorney

Home Address (in the USA): _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Email Address: _____

Relationship to the student: _____

If the person listed in the POA is currently working in the USA

Work Address (in the USA): _____

City: _____ State: _____ Zip/Postal Code: _____

Work Phone: _____ Email Address: _____