

**Attorney-In-Fact Contact Information and Acknowledgement**

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Name of Minor Student: \_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

**Contact Information for Attorney-in-Fact (AIF):**

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Home Address (in the USA): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ I have resided at this address since \_\_\_\_\_ (date)

**If AIF is currently working in the USA:**

Work Address (in the USA): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**If AIF is currently attending a school in the USA:**

School Address (in the USA): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ The date of expected graduation: \_\_\_\_\_

**Relationship to the student:**

- Family Member – Relationship: \_\_\_\_\_
- Family Friend
- Member of Host Family
- Other – Please Describe Relationship: \_\_\_\_\_

**Signature Statement:**

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By affixing my signature below, I acknowledge that I have agreed to serve as \_\_\_\_\_  
(insert student's name) (the student's) attorney-in-fact during the \_\_\_\_\_ (insert applicable dates)  
or until such time as the student reaches the age 18. As the student's attorney-in-fact I acknowledge that I will be available to make medical  
decisions on behalf of the student throughout the specified time in the event the student's parent or guardian is not readily available.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_