International Education and Global Initiatives

Bellevue College Attorney-In-Fact Contact Information and Acknowledgement

Name of Minor Student: _____

Your Full Legal Name: _____

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

Home Address (in the USA): _____

Home Phone: _____

I have resided at this address since (date): _____

If AIF is currently working in the USA:

Work Address (in the USA): _____

Work Phone: _____

If AIF is currently attending a school in the USA:

School Address (in the USA): _____

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: By affixing my signature below, I acknowledge that I have agreed to serve as the listed minor student's attorney-in-fact during the child's studies at Bellevue College or until such time as the student reaches the age of eighteen. 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 and date (Hand-signed)