

Guardian Statement International Student Center 400 West Washington Blvd. Los Angeles, CA 90015 U.S.A. **Building E5 - Room 316** Office (213) 763-5345



EMAIL: INTSTUD@LATTC.EDU

Complete and submit this form if you are <u>under the age of 18</u> by your program start date.

You may either type or print clearly. Contact us if you have any questions.

Middle Name: Date of Birth (MM/DD/YY):	Student Information	
Home Phone Number:	Last Name (surname):	First Name:
E-Mail Address:	Middle Name:	Date of Birth (MM/DD/YY):
Parent/Legal Guardian Information Last Name (surname): Date of Birth (MM/DD/YY):	Home Phone Number:	Cellular Phone Number:
Last Name (surname):	E-Mail Address:	
Last Name (surname):		
Middle Name:	Parent/Legal Guardian Inform	nation_
Home Phone Number:	Last Name (surname):	First Name:
E-Mail Address: Foreign Address: I certify that I am the parent or legal guardian of (print): (Full name of minor child) (Date of birth MM/DD/YY) I designate	Middle Name:	Date of Birth (MM/DD/YY):
Foreign Address: I certify that I am the parent or legal guardian of (print): (Full name of minor child) (Date of birth MM/DD/YY) I designate	Home Phone Number:	Cellular Phone Number:
I certify that I am the parent or legal guardian of (print): (Full name of minor child) (Date of birth MM/DD/YY) I designate	E-Mail Address:	
(Full name of minor child) (Date of birth MM/DD/YY) I designate	Foreign Address:	
(Full name of minor child) (Date of birth MM/DD/YY) I designate		
(Full name of minor child) (Date of birth MM/DD/YY) I designate		
I designate	I certify that I am the parent or legal	I guardian of (print):
I designate		
I designate		<u>.</u>
(Street Address, City, State and Zip Code of guardian) to exercise guardian authority over the minor child named above. Parent/Legal Custodian Signature Parent/Legal Custodian Signature Printed Name of Parent/Legal Custodian	(Full name of minor child)	(Date of birth MM/DD/YY)
(Street Address, City, State and Zip Code of guardian) to exercise guardian authority over the minor child named above. Parent/Legal Custodian Signature Parent/Legal Custodian Signature Printed Name of Parent/Legal Custodian		
Parent/Legal Custodian Signature Parent/Legal Custodian Signature Parent/Legal Custodian Signature Printed Name of Parent/Legal Custodian	I designate	(Full name of guardian),
Parent/Legal Custodian Signature Parent/Legal Custodian Signature Parent/Legal Custodian Signature Printed Name of Parent/Legal Custodian		
Parent/Legal Custodian Signature Parent/Legal Custodian Signature Printed Name of Parent/Legal Custodian		(Street Address, City, State and Zip Code of guardian) to exercise
Parent/Legal Custodian Signature Printed Name of Parent/Legal Custodian	guardian authority over the minor cl	hild named above.
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Printed Name of Parent/Legal Custodian		
	Parent/Legal Custodian Signature	
Date (MM/DD/YY)	Printed Name of Parent/Legal Custo	odian
Date (MM/DD/YY)		
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