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Statement, Parents / Guardian

Name of Applicant.....
(Last) (First) (Middle)

Study Site and Session.....

Name of Parent/Guardian.....
(Last) (First) (Middle)

Relationship to applicant.....

Address.....
.....
.....
.....

Telephone (.....) Fax (.....)

E-mail

..... has my permission to attend the American University Center of Provence for an academic year / semester (circle). I guarantee the payment of expenses for the applicant's tuition, room, board, and other necessities.

Signature :

Date :