

# Exchange Student Guidance Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], the parent/legal guardian of [Student's Full Name], an exchange student at [Institution's Name], hereby authorize [Name of the Authorized Person or Institution], to act on my behalf in matters related to my child's exchange program.

This authorization includes, but is not limited to, the following:

- Academic guidance and counseling
- Enrollment and registration processes
- Health and safety matters

I understand that [Name of the Authorized Person or Institution] will make necessary decisions regarding the well-being and educational path of my child during their exchange program.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Contact Information]

[Your Signature]