

Exchange Student Oversight Permission

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], the parent/guardian of [Student's Name], am writing to grant permission for my child, who is currently an exchange student at [Host Institution's Name], to participate in the oversight program.

I acknowledge and understand the responsibilities and expectations outlined by the overseeing committee, and I fully support my child's involvement in this program.

Thank you for your attention to this matter. Should you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Signature (if sending a hard copy)]