

Letter of Permission and Consent

Student Name: _____

LAU ID: _____

To the Office of International Services at the Lebanese American University,

This is to confirm that I, _____ (full name of parent(s)/
Legal guardian(s), am (the mother/ father/ legal guardian) of
_____ (full student name) and that I will financially
support my (son/ daughter/ ward) during (his/ her) stay in _____ (host
country) at _____ (host university) during _____
(specify term and year).

I will provide funding to my (child/ ward) for the full tuition fees and the personal
expenses needed for (him/ her) while studying in _____ (host country).

I give my consent to my (child/ ward) for studying in _____ (host
country).

I allow the Lebanese American University to contact me, when needed on the below
telephone number: _____.

Parent(s)/ legal guardian(s) full name: _____

Date: _____

Parents (s)/ legal guardian(s) signature: _____