



LANDMARK UNIVERSITY, OMU-ARAN

OFFICE OF THE VICE-CHANCELLOR

LANDMARK UNIVERSITY INTERNATIONAL OFFICE AND LINKAGES

(LMUIOL)

Parental Consent Form

To whom it may concern,

I / We, _____,
full name(s) of parent(s) / person(s) / organization giving consent

Address: _____
street address, city

province/state, country

Telephone and email: _____
telephone _____ *email*

I am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following ward:

Information about travelling ward

Name: _____
child's full name

Date and place of birth: _____
dd/mm/yyyy _____
city, province/territory

Number and date of issue of passport (if available): _____
number _____
dd/mm/yyyy

Issuing authority of passport (if available): _____
country where passport was issued

Birth certificate registration number _____
number

Issuing authority of birth certificate _____
province / territory where birth certificate was issued

I/we give our consent for our ward to participate in the Taster/ Summer program and academic excursion to United Kingdom, after having read through "Policy on International Excursion" and agree that our ward we abide with the condition of the Policy

Signature(s) of person(s) giving consent

signature(s) of person(s) giving consent

dd/mm/yyyy

Signature of witness

full name of witness

signature of witness

dd/mm/yyyy _____
city, province/territory

or Signature of official

Signed before me on this _____

day of _____, _____,
month _____ *year*

by _____
name(s) of person(s) giving consent

signature of official

name / title of official

By signing this letter I (we) agree that all rules and regulations in the student handbook will be abided by our ward(s).