

PARENT/GUARDIAN PERMISSION FORM

Andrews University • School of Social & Behavioral Sciences • CIDP Madagascar Tour • May 2025

STUDENT INFORMATION

Student Name _____ Student ID # _____

☐ Yes, I am aware that the above-named minor has signed up for the CIDP Madagascar Tour in May 2025. They have my permission to participate

☐ No, I am not comfortable with the above-named minor participating in the CIDP Madagascar Tour during May 2025. They know about my decision.

PARENT/GUARDIAN INFORMATION

Name (Printed): _____

Email: _____ Phone: _____

Signature _____ Date _____

RETURN TO THE FOLLOWING:

Mail to: Marlana Maier
Community & International Development
Andrews University
8488 E. Campus Circle Drive
Berrien Springs, MI 49104-0030

Email: cidp@andrews.edu

Hand Deliver: Buller Hall 205, Andrews University