

## PARENT/ LEGAL GUARDIAN CONTACT INFORMATION FORM

Please provide the following information so that we can contact you requesting that you sign your student's most recently issued I-20. Please submit a new form when your contact information changes.

Student's Name: \_\_\_\_\_ UID: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN PERSONAL INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Language(s) that you speak: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Please write the numbers as you would dial them from the United States (Including country codes, area codes, etc.)**

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



## Parent/Legal Guardian Acknowledgement Form

Parent/Legal Guardian, please carefully read the following statements:

1. I certify that I am the parent or legal guardian of the student listed below.
2. I acknowledge that my student will be or is currently attending Tarleton State University on an F-1 student visa.
3. I understand that I must sign my student's I-20 when requested by the Undergraduate Admissions – Immigration Office and return it to [internationalstudents@tarleton.edu](mailto:internationalstudents@tarleton.edu) within 10 days of receipt. Not returning the signed I-20 within 10 days of when it was sent to me will result in an enrollment hold being placed on my student's account.
4. I will notify the Undergraduate Admissions – Immigration Office when my contact information changes so that they can continue providing me with timely notifications regarding my student's I-20 status.
5. My student is required to submit currently dated Parent/Guardian Contact Information and Acknowledgement Forms at the beginning of each fall and spring semester. Not submitting updated forms will result in an enrollment hold being placed on his/her student account.
6. I understand that these conditions will be in place until the semester that my student is 18 years old on the first of class.

By signing below, I am acknowledging that I understand and agree to abide by the above statements.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_ UID: \_\_\_\_\_