INSURANCE AUTHORIZATION FORM for

CMC Sponsored International Travel (To be completed by parent/guardian or policyholder)

Student's Name:	ID #
(Last)	(First)
Program Location:	Date of Birth:
	es all students to have health insurance. Please indicate below your aether it covers you in the countries you will be visiting.
Name of Insurance Company:	
Policy #	Telephone #:
Address:	
	adequately covered by our personal insurance and my student wil
	his CMC sponsored international program.
Signature of Policyholder	Date
Printed Name	Relationship to Student
Return this form to: CMC Sponsor	ring Organization
Program Contact Name	Phone Number