



TEXAS SOUTHERN UNIVERSITY

TEXAS SOUTHERN UNIVERSITY
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Signature _____ Date _____ / _____ Age (if minor)
Printed or typed name _____ Phone _____
Address _____ City/State/Zip _____

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR
I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his behalf.

Signature _____ Date _____
Printed or typed name _____ Phone _____
Address _____ City/State/Zip _____

Note: Modification of this Form requires approval by the Office of General Counsel.