

**INSURANCE AUTHORIZATION FORM**  
(To be completed by parent/guardian or policyholder)

All students participating in off-campus programs must have basic medical and accident insurance coverage at least equal to the coverage provided by the Claremont Colleges student accident insurance policy. Before completing this form, please check your insurance policy(ies) to ensure that the student is covered both en route and in Washington.

**Name of Student:** \_\_\_\_\_ **CMC ID #:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Semester in DC:** \_\_\_\_\_

**Name of Policyholder:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Name of Insurance Co.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

This is to certify that my student is **adequately covered by the above medical and accident insurance** during the period the student is in Washington and en route.

My student is **not adequately covered by the above medical and accident insurance**. We plan to rectify this shortfall by taking the following steps:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Policy Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to: Off-Campus Study, Claremont McKenna College  
Heggblade Center, 850 Columbia Avenue, Claremont, CA 91711-6420  
(909) 621-8267  
Fax (909) 607-8690  
studyabroad@claremontmckenna.edu