

PARENTAL CONSENT FOR MINORS STUDYING ABROAD

(older than 15)

I/We the undersigned, \_\_\_\_\_ and \_\_\_\_\_, grant permission to the Consulate General of Italy in Los Angeles to accept the visa request and to issue a Italian National Visa for Study to my/our child/children listed below, for the purpose of study for a period of \_\_\_\_\_ days.

| Name | Relationship |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |

The undersigned declares that he/she has read the privacy statement concerning the issuance of visas, in accordance with the General Data Protection Regulation (EU) 2016/679.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Father

Mother