



*Consulate General of Italy
Los Angeles*

**PARENTAL CONSENT FOR MINORS STUDYING ABROAD
(older than 15)**

I/We the undersigned,

FATHER		MOTHER	
Name		Name	
Last name		Last name	
Date of birth (dd/mm/yyyy)		Date of birth (dd/mm/yyyy)	
Passport number		Passport number	
Relationship to the minor		Relationship to the minor	

grant permission to the Consulate General of Italy in Los Angeles to accept the visa request and to issue an Italian National Visa for Study to my/our child, listed below, for the purpose of study from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy).

Name of child _____ Last name _____

Date of birth (dd/mm/yyyy) _____ Passport number _____

Mr./Ms.

Name _____ Last name _____

Date of birth (dd/mm/yyyy) _____ Passport number _____

will be the legal guardian of my/our child during his/her stay in Italy.

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.

FATHER

MOTHER

Signature of father

Signature of mother

Print Name

Print Name

Date _____

Date _____

Signatures must be notarized