



APPLICATION FORM FOR UNDERAGE STUDENT

Authorization form for the EDISU benefits' application

STUDENT'S INFORMATION

Surname _____ Name _____

Fiscal Code _____ Telephone number _____

PARENT'S OR AUTHORIZED GUARDIAN'S INFORMATION

The undersigned _____

Born in _____ () on _____

As an authorized guardian/parent of the student _____

Authorizes the student's application for EDISU benefits for the academic year 2020/2021.

Place _____

Date _____

ID number _____

Parent or authorized guardian's sign _____

(Please attach the parent/guardian's document)