



# 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 \_\_\_\_\_