



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

Parental consent form for underage students

The undersigned (Parent's Name and Surname)

Parent _____

date of birth _____ place of birth _____

Parent _____

date of birth _____ place of birth _____

aware of the administrative sanctions and penalties for those who do not state the truth according to the Italian DPR 245/2000,

DECLARE

That our son/daughter (Name and surname of the son/daughter) _____

has chosen to ask for enrolment in the Degree Programme _____

AND

according to the provisions on parental responsibility from art. 316, 337 ter e 337 quarter of the Italian [Civil Code](#),

hereby provide the explicit consent of both.

Please find attached a double-sided copy of the signatories' identity documents.

Parent signature

Parent signature
