



**CERTIFICATE REQUEST FORM – LEGALIZATION OF SCHOOL/UNIVERSITY DOCUMENTS**

**STUDENT INFORMATION**

_____	_____
First name	Last name
_____	_____
Place and date of birth	Citizenship
_____	
Complete home address	
_____	_____
Phone number	E-mail address

**CERTIFICATES REQUESTED**

- Legalization of translation (of documents n. \_\_\_\_\_ below - Total n. of one-sided sheets: \_\_\_\_ )
- Dichiarazione di valore (of documents n. \_\_\_\_\_ below)
- Legalization of transcript (of documents n. \_\_\_\_\_ below)
- Certified copies (of documents n. \_\_\_\_\_ below - Total n. of one-sided sheets: \_\_\_\_ )

For purposes of:  work  study (**name of school/faculty/university you intend to enroll in:**

\_\_\_\_\_

**REPORT CARD / DIPLOMA / TRANSCRIPT (please attach the ORIGINAL documents)**

1.	_____	_____	_____
	Document	School/University	Date issued
2.	_____	_____	_____
	Document	School/University	Date issued

Please enclose an accurate and correct translation of said document(s) in Italian

**I dati personali raccolti sono trattati secondo le modalità previste dalle norme attualmente vigenti in Italia in materia di protezione dei dati personali.**

*Personal data is collected in accordance with existing Italian legislation on the protection of personal information.*

**PROXY (if applicable)**

**I hereby authorize \_\_\_\_\_, to present on my behalf all necessary documents to the Consulate General of Italy in Vancouver and to collect the certificates requested, signing the receipt thereof.**

**RELEASE FORM**

**I hereby authorize the Consulate General of Italy in Vancouver to make any necessary inquiries regarding the school/university documents I have submitted (including verification of their authenticity) for the purpose of issuing the certification and legalization of same.**

_____	_____	_____
Date	Signature of student	Signature of parent ( <i>if the student is a minor</i> )

**We attach copies of the Passport or ID of the student and of the parent, if the student is a minor**