

**DELEGATION FORM FOR USE BY STUDENTS WHO HAVE PROBLEMS FOR
ISSUING THE ISEE PARIFICATO AS IMPOSSIBLE TO PRESENT PERSONALLY AT
THE CAF DUE TO THE COVID-19 HEALTH EMERGENCY**

**ISEE EQUIVALENT STATEMENT
AUTHORISATION FORM**

I, the undersigned,,
(full name and surname)

born in (.....) on,
(place of birth) (country) (date of birth)

I hereby authorise,
(full name and surname)

born in (.....) on,
(place of birth) (country) (date of birth)

to submit on my behalf to the Tax Assistance Centres (CAF) the documents
required to request an ISEE equivalent statement, and to collect the
document from the office once issued.

Yours sincerely,

.....
(signature)

I hereby attach a copy of mypassport/identity document