

# PARENTAL AUTHORIZATION FOR MINORS STUDENTS

**This form has to be completed by child's parents**

I, the undersigned :

Father : Mr

Mother : Mrs

Or guardian : Mr/Mrs

Holder of the parental authority, hereby authorize the child

Family name :

First name :

Date of birth :

To register as a student of the Institut d'Études Politiques de Paris (Sciences Po).

In case of medical emergencies, I hereby authorize Sciences Po to hospitalize my minor child.

**OUI**

**NON**

Date :

Place where completed :

Parent/Guardian's signature :

**Please attach a photocopy of your ID (passport, driving license...)**

**Please attach this document to your online Registration form**