

CUSTODY AFFIDAVIT

Date _____

We, the undersigned, / _____ / _____
First and Last Name Father *First and Last Name Mother*

born in _____ / _____ on _____ / _____
Father place of birth *Mother place of birth* *Father date of birth;* *Mother date of birth*

residing at _____
Father home address

Mother home address if different

Depose and say:

We authorize our minor son/daughter, _____
First and Last name Student

to travel into Italy with the University of Dallas _____
Program Name

program and we will take financial responsibility regarding all the expenses, which he/she may incur during his/her stay in Italy.

First and Last name: _____ *(print father's name)*

Signature: _____

First and Last name: _____ *(print mother's name)*

Signature: _____

U.S. Notary Public Signature and Seal
Or Seal of the Italian Diplomatic Office

PROVIDE A CERTIFIED COPY OF THE MINOR'S BIRTH CERTIFICATE