



Ambasciata d'Italia  
Accra

## REQUEST FOR DECLARATION OF VALUE & LEGALISATION

I.....  
 born on ..... in ..... (.....)  
(dd/mm/yyyy) (Place of Birth) (country)  
 resident of ..... in .....  
(city) (physical address and town)  
 telephone..... e-mail .....  
 citizenship ..... in possession of ..... No. ....  
(type of document)  
 issued by ..... date of issue ..... and which a copy is attached.

Having completed ..... in .....  
(level of education) (country)

Years spent in Primary school .....from ..... to .....  
years (mm/yy) (mm/yy)

Years spent in Junior High education .....from ..... to .....  
years (mm/yy) (mm/yy)

### Years spent in Secondary education (Total).....

Senior High	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
Tech/Voc	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
'O' Level	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
'A' Level	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)

### Years spent in Tertiary education (Total) .....

University	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
Postgraduate	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
Polytechnic	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
Teacher Training	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
Nursing Training	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)
Vocation/Technical	.....	from	.....	to	.....
	years		(mm/yy)		(mm/yy)

**Wishing to obtain in Italy:**

**The equivalence of secondary education**

**The recognition Tertiary/University studies**

**University enrolment**

**REQUEST TO BE ISSUED WITH**

**Legalisation/Certification of translated documents**

**Declaration of Value**

**on the following educational documents:**

.....  
.....  
.....  
.....

to be enrolled in the University of .....  
at the faculty of ..... to pursue a degree/master in  
.....

Date .....

Signature.....

**Details of person who deposited the documents other than the bearer of the documents**

(Please cross out this section if it does not apply to you)

Name: ..... Surname: .....

Date of Birth: ..... Place of Birth: .....

Address ..... Telephone no. ....

Il sottoscritto dichiara di aver preso visione dell'informativa sulla protezione dei dati personali riguardante i servizi consolari, ai sensi del Regolamento Generale sulla protezione dei Dati (UE) 2016/679.

Accra,.....  
(Date)

Signature .....