



**SAINT LOUIS
UNIVERSITY**
MADRID

Avenida del Valle 34
28003 - Madrid, Spain

P (+34) 91 554 58 58
F (+34) 91 554 62 02

admissions-madrid@slu.edu
www.slu.edu/madrid

VISA AUTHORIZATION FORM
Date and sign ONLY when in front of the notary

I, _____, with passport number

_____, give permission to Kate Brooks , with Saint Louis University employee number 001010432, and representing the Study Abroad Office at Saint Louis University in St. Louis, MO, to act as my legal representative, file my application, and pick-up/retrieve my student visa at the Consulate General of Spain in Chicago, IL, when ready.

TO BE COMPLETED IN FRONT OF THE NOTARY

Name: _____

Signature: _____

Date: _____

To be completed by notary:

STATE OF _____

CITY OF _____

Subscribed and sworn to before me this _____ day

of _____ in the year _____.

Notary Public: _____

Notary Seal:

