



REPLACEMENT DIPLOMA APPLICATION FORM

To the Rector of the University of Padua

I, the undersigned student ID
born in on
cell phone.....e-mail.....
with a degree on awarded on

apply for the replacement diploma and authorise the Student Office to ship it to the following address:

recipient
address
postcode. city/town

For this purpose and pursuant to art. 47 of the Decree No. 445/2000 of the President of the Republic, being aware of the criminal sanctions applicable in the event of false declarations pursuant to art. 76 of the aforementioned Decree, I declare that:

I have lost the original diploma

The original diploma is damaged

In this case, the original diploma should be delivered or sent by registered mail to:
Ufficio Carriere Studenti - Settore Front Office Lungargine Piovego 2/3 - 35131 Padova

I changed my biographical data (first name/surname)

In this case, the original diploma should be delivered or sent by registered mail to:
Ufficio Carriere Studenti - Settore Front Office Lungargine Piovego 2/3 - 35131 Padova
Documentation on the change of biographical data must also be attached to the application.

I enclose herewith:

1. copy of my ID card
2. Receipt of payment of the revenue stamp (16.00€)
3. Receipt of payment of the printing costs (84.00€)

I hereby declare to be aware, pursuant to and within the meaning of the Article 13 of EU Regulation 2016/679 (General Data Protection Regulation), that the personal data collected will be processed, even with electronic means, exclusively in the context of the procedure for which this declaration is made, as stated on: <http://www.unipd.it/privacy>.

Padua, _____

(firma) _____