



AUTHORIZATION TO SHIP ORIGINAL DIPLOMA

To the Rector
of the University of Padua

I, the undersigned _____
born in _____ on ____/____/_____
tel. no _____
graduated in _____
on ____/____/_____, student ID _____,

Type of course of study:

- bachelor degree
 master degree

authorize, under my own responsibility, the Student Careers Office to ship my original diploma to:

Recipient's name and surname (name on the doorbell)

Recipient institution (if the address does not refer to an individual)

Physical address to ship to:

Street: _____ n. _____

Postcode: _____ City: _____

Province/Region/District: _____ State: _____

Email adress: _____

I therefore enclose with the application:

- Scanned copy of passport or other personal ID
 Receipt of shipping costs payment

I also declare that, pursuant to art.13 of EU Regulation 2016/679 (General Data Protection Regulation), I am aware that the personal data collected is exclusively processed, also with IT tools, within the procedure for which this statement is made, as specified at <http://www.unipd.it/privacy>

Padua, _____ (applicant's signature) _____