



REPLACEMENT DIPLOMA APPLICATION FORM

To the Rector of the University of Padua

I, the undersigned.....Student ID.....
Born in on
tel. no. e-mail address.....
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.....Prov.....

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 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)