

For the attention of the Student Service Office
University of Padova
phone: +39 049 827 5038 - fax + 39 049 827 5040

I, the undersigned _____ born in _____ on
_____ and resident in _____ at _____ phone
number _____ email _____

notify you that I have the following disability

in order to:

- be exempted from university fees
- receive dedicated support

My disability causes me the following difficulties:

At secondary school, I had the following support and aids, which I believe would be useful at university:

I attach the following documents:

- copy or scan of my valid **ID card**
- copy or scan of my Italian disability certificate pursuant to **Law 104/92**
- copy or scan of my Italian invalidity, visual impairment or hearing loss certificate
- copy or scan of the certified translation into Italian (or English) of my foreign disability certificate

I also declare the following under my own responsibility, being aware of the penalties for false declarations, as stated in Art. 76 of Italian Presidential Decree No. 445/2000:

- the attached documentation is a true copy of the original
- said documentation has not been **revoked, suspended or amended**

Date

Signature

Please email a scan of this form and the documentation to inclusione.studenti@unipd.it or **deliver it in person** to the Student Service Office in Via del Portello 23, Padua.

Personal-data processing: your data will be processed in accordance with [current Italian legislation](#).