DIDACTIC MATERIAL REQUEST FORM FOR STUDENTS WITH DISABILITIES

Will be accepted only requests sent by the institutional unicam domain at the email address richieste.disabilidsa@unicam.it .

N.B: The request must be filled within the deadline indicated in every option, otherwise it will be impossible to access to the service, also in consideration of the days needed to collect and organize the material. If you no longer have to undergo to the exam or there is some variation in your request, please inform us as soon as possible.

1. PERSONAL DATA:

1a. NAME:

1b. SURNAME:

1c. PHONE NUMBER:

1d. E-MAIL:

1. UNIVERSITY DATA

2a. Which degree course are you enrolled in?

2b. What is your matriculation number?

1. DISABILITY DATA

3a. Which kind of disability do have you? – please specify

1. NEEDS

4a. What are the difficulties in studying caused by your disability?

1. REQUEST (Fill in the part you are interested in)

5a. Text books into audio or Braille format

(TO PRESENT 60 DAYS BEFORE THE NEEDING)

* Subject for which you want to require the book:
* Title, author and publisher of the book:

5b. Granting lectures and / or slides of lessons into Braille or highly readable format

(TO PRESENT AT LEAST 30 DAYS BEFORE THE NEEDING)

* Subject for which you want to require the lesson materials:
* Name of the course Professor to require material:

5c. Indicate any other specific request

INFORMATION IN ACCORDANCE WITH ART. 13 D. lgs. 196/2003 (Personal Data Protection Code) and GDPR 2016/679

Dear Customer, we inform you that the data collected through this module will be processed in order to monitor the number and needs of disabled students, to orient the University's answers to them .

The processing will take place electronically or in paper form (registration, storage and archiving of documents. All collected data will be protected by passwords or confidential archives and will be handled exclusively by the technical staff of ASSINT - Disabled Student Reception Service). The provision of data is optional; Non-delivery may nevertheless result in the inability to benefit from any ad hoc benefits and facilities.

By indicating your phone number you accepted the possibility of being contacted by phone (for any request for clarification, to agree on the date of an in-depth interview, etc.).

The data is handled by the Disability Student Reception Service and by the administrative and departmental structures involved in delivering of the specific services and benefits for the accounting and administrative purposes that will emerge in the handling of the proceeding, the data will not be communicated to other entities outside the University if not in aggregate form.

The owner of the treatment is the University of Camerino. The Responsible for the treatment is the Head of the ASSINT – Disabled Student Reception Service of the University of Camerino.

We inform you as an interested subject that you will be able to request, by submitting an application to the Responsible, the updating, integration or rectification of data at any time, their transformation into anonymous form or deletion, and finally the blocking of data processed in violation of law.

The undersigned declares to have read the above information and to give its consent to the processing of the data provided.

 • I accept (mandatory)
 • I do not accept.