**PRIVACY INFORMATION (art. 13, d.lgs. 196/2003 and GDPR 2016/679)**

Dear user, the data collected will be treated for Specific Learning Disorders in your personal page of the Esse3 database.

The provision of data is optional, services cannot be guaranteed in case of their lack.

The treatment can be both electronically and on paper.

All data will be managed by the reception Service for Students with Disabilities and SLD of the University of Camerino; they could also be processed by administrative structures of the University for administrative / accounting purposes, but only in partial form and will not be communicated to other Bodies except in aggregate form.

By indicating his/her telephone number, the user accepts the possibility of being contacted by the University.

The data processing includes sensitive personal data about the state of health.

The data controller is the University of Camerino.

The data processor is the Manager of the Macro Sector in charge of the Student Services and International Mobility Area - Reception Service for Students with Disabilities and SLD of the University of Camerino.

As an interested party, you can ask the Manager to update, integrate, delete the data at any time by request.

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

Date and place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISABILITY: DIDACTIC MATERIAL REQUEST FORM**

Send to richieste.disabilidsa@unicam.it using your Unicam e-mail address within the time indicated for each didactic material to access the service.

If you do not need the material any more or you have some variation on your request, please inform us as soon as possible.

**Structure of the form:**

1. Personal data
2. Didactic material request

***FILL IN THE ENTIRE FORM!***

1. **PERSONAL DATA:**

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Mobile phone |  |
| Degree Course |  |

1. **DIDACTIC MATERIAL REQUEST**

|  |  |
| --- | --- |
| Considering your disability, which difficulties do you have with the didactic material? |  |
| Which kind of didactic material do you want to request? | □Digital book□ digital □ audio □ Braille(request to be sent at least **60 DAYS** before)Subject:Book title:Author:Publishing house:□Didactic material transformation □ highly reading format□ accessible format□ Braille format(request to be sent at least **30 DAYS** before)Subject:Professor:□ Other specific request: |