**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SLD: PERSONALIZED EXAM REQUEST FORM**

Send to [richieste.disabilidsa@unicam.it](mailto:richieste.disabilidsa@unicam.it) at least **15 days** before the exam to access the service.

**Structure of the form:**

1. Personal data
2. Exam
3. Request of personalizedexam

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

1. **PERSONAL DATA:**

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

1. **EXAM**

|  |  |  |
| --- | --- | --- |
| Subject: |  | |
| Professor: |  | |
| Day and time of the exam:  *(or month and session)* |  | |
| Place of the exam: |  | |
| Examination format: |  | □ Oral  □ Written  □ Oral and written |
| Content of the exam: |  | □ Exercises  □ Open questions  □ Multiple choise  □ Exercisesat PC |
| Duration of the exam: |  | |

1. **REQUEST OF PERSONALIZED EXAM**

|  |  |
| --- | --- |
| Considering your SLD and the examination, which difficulties can you have? |  |
| Which kind of examination do you want to request? | □ Oral  □ Written  □ Divided  □ Concet map consultation  □ Formulary consultation  □ Additional time of30%  □ Use of non-scientific calculator  □ Substitute reading  □ Multiple choise test  □ Exercises at PC |

**ATTENTION:**

CONCEPT MAPS and FORMULARIES must be sentat least **10 days** before the exam to be validated.