**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: LESSON SUPPORT REQUEST FORM**

Send to [richieste.disabilidsa@unicam.it](mailto:richieste.disabilidsa@unicam.it) using your Unicam e-amil address

within 20 September for lessons of the first semester

within 10 January for lessons of the second semester

In case of variations, please inform the Office within 7 days from the first day of the service supply.

**Structureof the form:**

1. Personal data
2. Lesson support request

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

1. **PERSONAL DATA:**

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

1. **LESSON SUPPORT REQUEST**

|  |  |
| --- | --- |
| Which are the lessons you want to attend with a support? |  |
| Who are the Professors of the lessons you want to attend with a support? |  |
| What are the days, time and places of the lessons you want to attend with a support? |  |
| Considering your SLD, what are the difficulties you have during lessons/laboratory activities? |  |
| Which kind of support do you need? | * Seat reserved * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |