

DECLARATION IN LIEU OF AFFIDAVIT

(artt. 46-47 del DPR n. 445/2000).

I undersigned

born in on

resident in address

telephone number

Fiscal Code

Student number (only for enrolled students)

Under my own responsibility and aware of the penalties in case of false declarations or documents (art. 76 DPR n. 445/2000)

Declare

(put a tick on the selections)

- that the copy of the clinical documentation of the learning disability, issued by a National Health System structure, accredited facilities or specialists, and already uploaded to my personal Esse3 profile is conforming to the original;
- that what is attested by the documentation has not been revoked, suspended or modified and it **corresponds to my current health condition and competences** (art. 4, comma 2, d.l. 9/02/2012, n. 5);
- to have seen the privacy policy at www.unicam.it and **give my consent** to the use of particular categories of data reported in the medical documentation.

Place and date

Signature

HANDWRITTEN SIGNATURE