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STUDENT NUMBER

THE UNDERSIGNED

surname and name _____ born on _____
 in _____ () country _____ tax identification number _____

DELEGATES

surname and name _____ born on _____
 in _____ () country _____ tax identification number _____

the collection of:

- Original degree certificate
 Original certificate of qualification
 Diploma supplement
 Duplicate Student Card
 Certificate _____ (specify the type of certificate required and whether for use
 abroad) student number _____
 Certificate _____ (specify the type of certificate required and whether for use
 abroad) student number _____
 Other: _____

(date)_____
(signature)**Attachments:**

- Front and back copy of the delegating party's identity document.
- Details of the delegate's document _____
 (to be completed by the office)

POLICY ON THE PROCESSING OF PERSONAL DATA

Data will be processed in accordance with EU Regulation 2016/679 concerning the protection of individuals with regard to the processing of personal data, and D. Leg. 196/2003 and ss.mm.ii. All information regarding the processing carried out and the exercise of the rights of data subjects on the protection of personal data can be found on the University

https://www.unifi.it/sites/default/files/2025-10/informativa_studenti_ott_2025.pdf .

(signature for acknowledgment)