



UNIVERSITÀ
DEGLI STUDI
FIRENZE



TO THE RECTOR
of the University of Florence

Student Administration Office

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STUDENT NUMBER

ORIGINAL DOCUMENT COLLECTION REQUEST FORM

THE UNDERSIGNED

surname and name _____ born on _____
 in _____ () country _____ Institutional e-mail address _____
 resident at street/square _____ n. _____ district/locality _____
 municipality _____ () postcode _____ mobile _____
 domicile (indicate only if different from residence) at _____ street/square _____ n. _____
 municipality _____ () C.A.P. _____

REQUESTS the submission of the

- Original high-school diploma;
- Replacement certificate for high-school diploma;
- Declaration of value (Mod. E) in original draft;
- University record book;
- Other _____

previously submitted to this University for enrolment in the course of _____

DELEGATION

To this end, I delegate Mr/Ms _____ born on _____
 in _____ ()
 Details of the delegate's identification document: _____

SHIPMENT

To this end, please send the document to the following address, relieving the University of any responsibility for any mishaps:

Street/Square _____ No. _____

City _____ () Postcode _____



Attachments:

☐ Details of the applicant's identification document: _____

(the issuing officer)

I, the undersigned, _____

DECLARE that I have collected _____

(date)

(signature)

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)