

**To the Rector
The University of Siena**

DECLARATION IN LIEU OF AFFIDAVIT¹

I, the undersigned (*name, surname*)
born in..... on
and resident in (*full address*).....
Postal Code Country TEL

in accordance with the provisions of articles 3 and 47 of Presidential Decree no.445/2000 and aware, pursuant to art. 76, that whoever issues false declarations, creates false documents or makes use of them, is punished under the criminal code and special laws on the subject and also forfeits the benefits referred to in art. 75,

DECLARE UNDER MY OWN RESPONSIBILITY THAT²

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Read, confirmed and signed.

For the following purpose³

.....

Date,

(The declarant)

For office use

The declarant above,, whose personal identity I have ascertained through, after having been informed as to his/her possible criminal liability in the event of false declarations or presentation of false documents or documents containing untrue information, he/she has today, in my presence, made the above declaration and has signed it.

Date

(The employee)

¹ The aforementioned declaration may be issued by citizens of the European Union.

It may also be issued by citizens of non-European Union countries legally residing in Italy, if the declared information can be certified or attested by Italian public bodies (art.3, paragraph 2, Presidential Decree no. 445/2000).

² Declarations in lieu of affidavits **may not contain expressions of will** (acceptances, waivers, proxies, assignments, commitments or other acts of negotiation).

³ Indicate the request/procedure in relation to which the declaration is made. The declaration must a) be signed in the presence of the employee in charge **or** b) be sent to the University together with a photocopy of the applicant's valid identity document.