

**TO THE RECTOR  
UNIVERSITY OF SIENA**

Matriculation no. \_\_\_\_\_

I (NAME, SURNAME) \_\_\_\_\_

BORN IN \_\_\_\_\_ ON \_\_\_\_/\_\_\_\_/\_\_\_\_

ITALIAN TAX CODE (CODICE FISCALE) \_\_\_\_\_

RESIDENT IN (FULL ADDRESS) \_\_\_\_\_

\_\_\_\_\_ TEL \_\_\_\_\_/\_\_\_\_\_

ENROLLED FOR THE ACADEMIC YEAR \_\_\_\_/\_\_\_\_/\_\_\_\_ ON THE FIRST CYCLE DEGREE

/SECOND CYCLE DEGREE/POSTGRADUATE SPECIALIZATION PROGRAMME/ INDIVIDUAL

COURSE IN \_\_\_\_\_

REQUEST:

**A REPLACEMENT MAGNETIC CARD**

To this end:

- I declare, in compliance with art. 46 of Presidential Decree no. 445 of 28 December 2000, that on \_\_\_\_/\_\_\_\_/\_\_\_\_ in \_\_\_\_\_ I lost my magnetic card, for which I request a replacement
- I enclose the card, if damaged
- I enclose payment of € 38.00 for the replacement card.

Place, \_\_\_\_\_ date \_\_\_\_\_

Legible signature \_\_\_\_\_