

**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 € 40,00 for the replacement card.

Place, _____ date _____

Legible signature _____