Form 14 RESTITUTION of high school
diploma

UNIVERSITÀ
DI SIENA
1240

TO THE RECTOR
OF THE UNIVERSITY OF SIENA

Registration no._____

I, the undersigned_____
(Name and surname)
born in_____(Prov._____) on _____
C.F. (tax code)_____resident at _____
_____no. _____

_____
ZIP code   town   municipality   prov.
tel._____mobile phone._____email _____
graduated on_____/_____/_____from the course:

_____

Request

the restitution of my original study diploma that is deposited at the Divisione flussi documentali e
informativi (Document and Information Flow Division) for enrollment in the aforementioned Course.
.
At_____, on_____,

_____
(legible signature)

= =

I, the undersigned _____
(Name and surname)
declare to have withdrawn today the original diploma _____

At_____, on_____,

_____
(legible signature)

I, the undersigned ALSO DECLARE under my responsibility

☐   to have read and understood the privacy policy pursuant to European Regulation no. 679/2016, GDPR -
Personal data protection code available in the portal section Home ▸ Ateneo ▸ Adempimenti ▸ Privacy e
Cookie policy