

## DECLARATION IN LIEU OF AFFIDAVIT

(artt. 46-47 del DPR n. 445/2000).

I undersigned .....

born in ..... on .....

resident in ..... address .....

telephone number .....

**Fiscal Code** .....

**Student number** (only for enrolled students) .....

Under my own responsibility and aware of the penalties in case of false declarations or documents  
(art. 76 DPR n. 445/2000)

### Declare

(put a tick on the selections)

- ☐ that the copy of the clinical documentation of the learning disability, issued by a National Health System structure, accredited facilities or specialists, and already uploaded to my personal Esse3 profile is conforming to the original;
- ☒ that what is attested by the documentation has not been revoked, suspended or modified and it **corresponds to my current health condition and competences** (art. 4, comma 2, d.l. 9/02/2012, n. 5);
- ☒ to have seen the privacy policy at [www.unicam.it](http://www.unicam.it) and **give my consent** to the use of particular categories of data reported in the medical documentation.

Place and date .....

Signature .....

HANDWRITTEN SIGNATURE