

SELF - STATEMENT

(art 46 e 47, DPR 28 dicembre 2000, n. 445)

Consapevole delle sanzioni penali, nel caso di dichiarazioni non veritiere, di formazione o uso di atti falsi, richiamate dall'articolo 76 del D.P.R. 28 dicembre 2000, n. 445, nonché della decadenza dai benefici conseguenti al provvedimento eventualmente emanato sulla base della dichiarazione non veritiera, qualora dal controllo effettuato emerga la non veridicità del contenuto di taluna delle dichiarazioni rese (art. 75 D.P.R. 28 dicembre 2000, n. 445)

THE UNDERSIGNED

Surname _____ Name _____
Tax code _____ Date of birth _____
Place of birth _____ Country _____
Resident in _____ Address _____
Living in _____ Address _____
Mobile phone _____ Matriculation n. _____
Email _____

DECLARES

to live in the same apartment and that the contract, multi-years contact or dry coupon contract, is still valid and the copy was delivered to Opera Universitaria in the previous academic year

Pursuant to art. 13 and 14 of EU Regulation 2016/679 "Regulations concerning the processing of personal data", please be advised that:
- personal data will be processed in accordance with Article 5 of EU Regulation and exclusively for the purpose referred to the procedures related to this documentation, in printed or electronic form;
- the provision of the requested data is required to implement the procedure;
- the controller or processor is Opera Universitaria of Trento (via della Malpensada 82 / A - 38123 Trento – 0461 217411);
- the data subject can exercise his/her right against the controller or processor at any time in accordance with Articles 15 to 22 of EU Reg. 2016/679.
For further details, please read the complete policy in the section "privacy policy" of the website www.operauni.tn.it.

I have read and understand the aforementioned policy, and I authorize the processing of my personal data pursuant to Article 13 of EU Regulation 2016/679.

Ai sensi dell'articolo 38 del D.P.R. 445 del 28 dicembre 2000, la presente dichiarazione è stata:

- Signed in the presence of OU staff _____ *(write the name of the staff person)*
 Signed and delivered together with a copy of an ID document of the underwriter

Place and date _____ Signature _____
