



UNIVERSITÀ
DI SIENA
1240

Solidarity Fund 2024

I ATTACH TO THIS LETTER

analytical documentation attesting to the serious personal, family or financial difficulties that have arisen

(IMPORTANT: the letter and documentation must be contained in a single file)

1) *(type of document, e.g. medical certificate)* _____

2) _____

3) _____

Date _____

Signed _____

I, the applicant, declare that:

1. I have read the notice and shall comply with the provisions set out therein;
2. I am aware that the data provided shall be processed for the institutional purposes of the administrations concerned and may be communicated to public administrations in accordance with the law or regulations and in any case when required for carrying out institutional duties.

I, the applicant, authorise the University of Siena to process my personal data pursuant to EU Regulation 2016/679 governing the protection of personal data and Legislative Decree 196/2013 Privacy Code, pursuant to art.6 of the notice.

Date _____

The applicant _____