



**POLITECNICO
MILANO 1863**

DELEGATION FORM

I the undersigned (Surname and name) _____

Matr. Number /Personal Code _____

Born in _____ on _____

Mobile Phone _____

e-mail _____

DELEGATE

Surname _____

Name _____

Matr. Number /Personal Code (if Politecnico user) _____

Born in _____

on _____ to collect on my behalf the

following document: _____

booked at: _____

Date _____ Signature _____

N.B.: Please enclose a photocopy of an identity card (or other document with photo).

The delegated person will be required to show an identity document (or other document with photo).

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Pursuant to art. 13 of Legislative Decree 196/2003, containing provisions for the protection of personal data, please be informed that the information provided shall be processed exclusively for the institutional purposes and activities of the Entity and, in particular, for the purposes of the administrative procedure in question; for these requirements, provision of data is compulsory and processing of the same does not require the consent of parties concerned.