



## 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 \_\_\_\_\_  
 on my behalf, to collect the following document  
 \_\_\_\_\_  
 booked at: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please enclose a photocopy of an identity card (or other document with photo)  
 The delegated person will 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.*