



LUMSA
UNIVERSITÀ

CERTIFICATE REQUEST

Name and Surname _____

Born on _____ at _____

Phone number _____ Mobile number _____

- Enrolled in the academic year _____ in the course _____

OR

- Graduated in the academic year _____
in the course _____ curriculum/program _____

CERTIFICATES OF INSCRIPTION/ENROLLMENT

NUMBER OF COPIES REQUIRED

INSCRIPTION WITH EXAMS

DEGREE/MASTER CERTIFICATES

NUMBER OF COPIES REQUIRED

DEGREE / MASTER CERTIFICATES

N.B. All certificates will be issued with revenue stamp

Pursuant to the EU Reg. 2016/679 we inform you that the personal data (eg. telephone number, address, tax code) entered by filling out this form will be processed by LUMSA (Libera Università Maria Ss. Assunta) in accordance with the conditions (owner, data protection officer, purpose, retention, legal basis, data transfer, rights) indicated in the information on the processing of personal data pursuant to art. 13 of EU Regulation 2016/679 available at the Student Office and available at the following link on Privacy.

ROME, _____

SIGNATURE _____

