



### 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 \_\_\_\_\_

#### 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 \_\_\_\_\_