



Area Registered Users - Welcome PALLA PALLINA

Personal data	Nascondi dettagli 💌
Name Surname	PALLA PALLINA
Permanent Address	Via Roma, 33 25100 Brescia Ph. no.
Temporary Address	Via Spiaggia, 33 Ph. no.
E-Mail	roberta.zani@unibs.it
UNIBS e-mail	
Mobile ph. no.	+39 3352624587

1. Please, press the botton "Menù" on the right top



Personal data

INFOSTUDENTE 800 66 34 23 Image: Call CENTER Call CENTER (anche da cellulare) servizio gratuito MENU	
attivo dal lunedì al venerdì dalle 8:00 alle 18:00	ita eng
A PALLINA	PALLA PALLIN

Area Registered Users - Welcome PALLA PALLINA

Nascondi dettagli 🔻

Name Surname	PALLA PALLINA
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Mobile ph. no.	+39 3352624587

2. Please, choose the menu

item "Registrar's Office"

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Home Registrar's Office International mobility University information	> > > >



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Name Surname	PALLA PALLINA	3. Please, choose the		Evaluation test
Permanent Address	Via Roma, 33 25100 Brescia Ph. no.	menu item "Invalidity Declaration"		State Exams Enrolment
Temporary Address	Via Spiaggia, 33			Study qualification
E-Mail	roberta.zani@unibs.it			Self-certification
UNIBS e-mail				Payments
Mobile ph. no.	+39 3352624587		3.	Invalidity Declaration
				Missions

Name Surname	PALLA PALLINA
Permanent Address	Via Roma, 33
	25100 Brescia
	Ph. no.
Temporary Address	Via Spiaggia, 33
	Ph. no.
-Mail	roberta.zani@unibs.it
UNIBS e-mail	
Mobile ph. no.	+39 3352624587

UNIVERSITÀ DEGLI STUDI DI BRESCIA	800 66 34 23 (anche da cellulare) servizio gratuito	MENU	ita eng
Disability Statement Management Disability Statement Disability Statemen	Legend: Legend: Edit Model Delete Confirmed Provided for		ita eng PALLA PALLINA Reserved Area Logout Change Password Moodle
			Invalidity Declaration Missions





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invalidity statment management

on the following pages you can proceed with the management of invalidity declarations



4. Please, press the blue button "Invalidity statment management"

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Disability Statement		Legend:
Please, introduce the detail of the disabili	y statement	* Mandatory Field
-New Disability Statement-		
Different sort of Disabilities:*	Visually impaired	6.
Disability percent level:*		
	Insert a value between 0 and 100	
l ask assistance and/or specialized tutoring services:		
l give the permission to the administration offices to contact me directly at the telephone number or e-mail address indicated, in order to organize the assistance:		
Beginning date on Disability		
Certification: (Please insert the Beginning date of Disability Certification) *	(gg/mm/aaaa)	
Final date on Disability Certification: (Please insert the expiry date of your Disability Certification, if the Certification has not an expiry date please insert the date 31/12/2222) *	(gg/mm/aaaa)	
legal frame work about your	-	
Disability classification:		

7. Please, press the blue button "Forward"





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Disability Statement

In this page are summarized the information about your Disability Statement. If they are correct please proceed with the confirmation. In not press the back button.

Disability Statement	
Different sort of Disabilities:	Visually impaired
Disability percent level:	66
l ask assistance and/or specialized tutoring services:	Yes
I give the permission to the administration offices to contact me directly at the telephone number or e-mail address indicated, in order to organize the assistance:	Yes
Beginning date on Disability Certification (dd/mm/yyyy):	02/11/2021
Final date on Disability Certification (dd/mm/yyyy):	15/11/2024
legal frame work about your Disability Classification:	Disability Certification (L. 118/71)



8. Please, check the summary about your "Disability Declaration". If it's allrigh press the blue button "Confirm"



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Dear PALLA PALLINA

Please, chek on your e-mail address and fill in the attached "4_Privacy_Statement_pdf_EN" and "6_Self_Declaration_Affidavit_EN"

We thank you for the upload of Your Disability Statement that certificates the following situation: "Visually impaired".

In order to value your application, please feel out and upload at the page "Registrar's Office> Invalidity Declaration" the file "5_Privacy_Statement_pdf_EN" that you can find here attached. You can use the information attached "4_Instructions to upload certification_EN". You can upload your "Privacy Statement", in the specific area "other attachments (policy information privacy ...)".

Please, choose the file in the language you prefer.

To feel out the attachment you can use Acrobat Reader, Chrome, IExpoler.

In order to value your application, please feel out and upload at the page "Registrar's Office> Invalidity Declaration" the file "6_Self_Declaration_Affidavit_pdf_EN" that you can find here attached. You can use the information attached "4_Instructions to upload certification_EN". You can upload your "Self Declaration Affidavit", in the specific area "Self Declaration Affidavit".

Please, choose the file in the language you prefer.

To feel out the attachment you can use Acrobat Reader, Chrome, IExpoler.

After your Disability Statement addition will be examined and you will receive an e-mail with the confirmation of the good result.

We invite you to keep in contact with the office named "U.O.C. Inclusione, Partecipazione e Residenze Universitarie" in case of dubs, information or specific needs.

Please, is better to ask a reservation by capd@unibs.it

Best regards,

U.O.C. Inclusione, Partecipazione e Residenze Universitarie Università degli Studi di Brescia

Segreteria Commissione Ateneo per la Disabilità Indirizzo: Via Valotti 3/B - 25133 Brescia Tel: +39 030 20 16 060 - +39 030 20 16 094 - +39 030 20 16 095







attachments confirmed

unconfirmed attachments

Legend:

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Attachments to the statements of disability

In this page you can upload documents related to the statement of disability.

List of attachments

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed Option for the attachment	🔍 Detail
Certification	1	2	*.pdf/A, *.pdf	۲	0			Upload attachment 9.	Delete

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
Self Declaration Affidavit	0	2	*.pdf/A, *.pdf	•	0				Upload attachment

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
other attachments (policy information privacy)	0	2	*.pdf/A, *.pdf	ø	0				Upload attachment

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UNIVERSITÀ DEGLI STUDI DI BRESCIA 10. Please, click on the button "Scegli file" and upload your Certification

INFOSTUDENTE



Disability Statemen

Please indicate the information about the attachments.

Disability statement:	
Different sort of Disabilities:	Visually impaired
Disability percent level:	66
l ask assistance and/or specialized tutoring services:	Yes
l give the permission to the administration offices to contact me directly at the telephone number or e-mail address indicated, in order to organize the assistance:	Yes
Beginning date on Disability Certification (dd/mm/yyyy):	02/11/2021
Final date on Disability Certification (dd/mm/yyyy):	15/11/2024
legal frame work about your Disability Classification:	Certificazione di invalidità civile (L. 118/71)

Document details	
Name of the attachment:*	Certification
Description of the attachment:*	Certification
	10.
Attachment:	(The supported extensions are: *.pdf/A, *.pdf)

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In this page you can upload documents related to the statement of disability.

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attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
Certification	1	2	*.pdf/A, *.pdf	۰	1				Upload attachment
						Certification	Certification	4	۹.

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachme	ent
Self Declaration Affidavit	0	2	*.pdf/A, *.pdf	0	0				Upload attachment	12

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
other attachments (policy information privacy)	0	2	*.pdf/A, *.pdf	۵	0				Upload attachment

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Disability Statement

Please indicate the information about the attachments.

Disability statement:	
Different sort of Disabilities:	Visually impaired
Disability percent level:	66
l ask assistance and/or specialized tutoring services:	Yes
l give the permission to the administration offices to contact me directly at the telephone number or e-mail address indicated, in order to organize the assistance:	Yes
Beginning date on Disability Certification (dd/mm/yyyy):	02/11/2021
Final date on Disability Certification (dd/mm/yyyy):	15/11/2024
legal frame work about your Disability Classification:	Certificazione di invalidità civile (L. 118/71)

-Document details		
Name of the attachment:*	Self Declaration Affidavit	
Description of the attachment:*	Self Declaration Affidavit	
	13.	// remaining characters229
Attachment:	Scegli file (The supported extensions are: *.pdf/A, *.pdf)	

14. Back Forward

14. Please, press on the blue button "Forward"

UNIVERSITÀ DEGLI STUDI DI BRESCIA 15. Please, click on the button "Scegli file" and upload your certification



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Attachments to the statements of disability

In this page you can upload documents related to the statement of disability.

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attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
Certification	1	2	*.pdf/A, *.pdf	٥	1				Upload attachment
						Certification	Certification	~	2

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
Self Declaration Affidavit	0	2	*.pdf/A, *.pdf	٥	1				Upload attachment
						Self Declaration Affidavit	Self Declaration Affidavit	~	<u>_</u>

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment	
other attachments (policy information privacy)	0	2	*.pdf/A, *.pdf	٥	0				Upload attachment	.5.



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Disability Statement

Please indicate the information about the attachments.

Disability statement:	
Different sort of Disabilities:	Visually impaired
Disability percent level:	66
I ask assistance and/or specialized tutoring services:	Yes
l give the permission to the administration offices to contact me directly at the telephone number or e-mail address indicated, in order to organize the assistance:	Yes
Beginning date on Disability Certification (dd/mm/yyyy):	02/11/2021
Final date on Disability Certification (dd/mm/yyyy):	15/11/2024
legal frame work about your Disability Classification:	Certificazione di invalidità civile (L. 118/71)

Document details		
Name of the attachment:*	other attachments (policy information privacy)	
Description of the attachment:*	other attachments (policy information privacy)	
Attachment:	16. Scegli file lessun file selezionato (The supported extensions are: *.pdf/A, *.pdf)	remaining characters205

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attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
Certification	1	2	*.pdf/A, *.p <mark>d</mark> f	۰	1				Upload attachment
						Certification	Certification	*	Q

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
Self Declaration Affidavit	0	2	*.pdf/A, *.pdf	ø	1				Upload attachment
						Self Declaration Affidavit	Self Declaration Affidavit	~	<u>0</u>

attachment type	Number of attachments Min	Number of attachments Max	file extension	Progress of attachments	Number of attachments	Name of the attachment	Description of the attachment	Confirmed	Option for the attachment
other attachments (policy information privacy)	0	2	*.pdf/A, *.pdf	•	1				Upload attachment
						other attachments (policy information privacy)	other attachments (policy information privacy)	~	2

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	Registrar's Office Admission test Evaluation test State Exams Enrolment Study qualification Self-certification Payments

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Disability Statement Management	Legend:
	📑 Edit
	Delete
This page contains your Disability Statement.	Confirmed
From this page you can check the details, if necessary modify it, to upload the attachments or remove them.	e Provided for

Right the moment of the addition of a new Disability Statement it is compulsory to attach:

- Disability Certification or Specific Learning Disability Certification
- Please indicate and attach the legal frame work about your DisabilityClassification as treated in your country (In Italy L. 104/92, L. 170/10, L. 118/71) Before proceeding please scan your documents.

To benefit from support, allowance and facilitation:

• Right the addition of Disability Statement you will receive an e-mail with attachment. This attachment has to be filled out in all its parts. Has you filled it out please to upload it click on the pencil icon at the voice "attachments"

• After your Disability Statement addition will be examined and you will receive an e-mail with the confirmation of the good result.

We invite you to keep in contact with the office named "U.O.C. Inclusione e Partecipazione" in case of dubs, information or specific needs. Please, is better to ask a reservation by **<u>capd@unibs.it</u>**

Type of disability	Disabiliy percent level	Assistance by a tutor	Contact consent	Beginning date on Disability Certification	Final date on Disability Certification	legal frame work about your Disability Classification	Progress of the Disability Statement	Presence of attachment	Actions
Visually impaired	66	Yes	Yes	02/11/2021	<mark>1</mark> 5/11/2024	Certificazione di invalidità civile (L. 118/71)	0	Yes	

Include a new statement about disabilities

