



**SELF-DECLARATION AFFIDAVIT**  
pursuant to 19 and 47, D.P.R. 445/2000

I the undersigned:

Surname:

Name:

Social Security Number:

Place of Birth:

Date of Birth:

City of Residence:

Road, Square:

ZipCode:

Landline Number:

Mobile Number:

aware of the penal sanctions stated in art. 76 del 445/2000 for the falsification of documents and false declarations

**DECLARES THAT**

the attached copy of the report of the assessment of civil invalidity, visual conditions and deafness or severe handicap pursuant to law n.104/1992 is in accordance with the original

OR

the attached copy of the certification of the state of Specific Learning Disabilities, issued by the National Health System, is in accordance with the original

*(In the case of Specific Learning Disorder, According to the provisions of Law no.170 of 2010 (Article 3) and the subsequent State-Regions Agreement of 24/7/2012 it is necessary to produce suitable updated diagnostic certification including neurological examination and neuropsychological test issued no more than 3 years ago or issued after turning eighteen by structures of the NHS or by structures and specialists accredited by these structures)*

Furthermore, declares that what is attested in the documentation has not been revoked, suspended or modified (Legislative Decree 9 February 2012, no. 5, art. 4, paragraph 2).

**Consent to the use of personal data:** Pursuant to EU Regulation number 679/2016, the use of personal data provided is aimed solely at carrying out and at managing the procedure, and this will be executed by the people in charge of the procedure with the possible use of computerized procedures, in the ways and within the limits necessary to pursue the aforementioned purposes, even in the case of any communication to third parties.

Place and date

Signed