

## agenzia regionale per il Diritto allo studio

I the undersigned _									_					
	(surname)								(name)					
Fiscal code											Birth date		/	_/
Birthplace (or birt	h Count	ry)												
Residing in (Town	Residing in (Town or Country)Zip code													
Birthplace (or birth Country) Zip code  Street/Avenue/Square/													_ n	
email										_phoi	ne			
•							he pro	cedure	es fo	r defin	ning the fees du	e for th	e hous	ing service in ques
	to t	he bene	fit in	ques	tion \	with	effect	from		_/	_/1			
for the following	reason:													
<ul> <li>graduatio</li> </ul>	n on dat	:e/	/											
• other reas	son (to b	e specif	ied):											
 I promise to leave and returning the					he da	ay in	dicate	d, fre	eing	the m	nini- lodging fro	om any	/ perso	onal belongings
l am available to c	arry out	the veri	ficati	on of	the s	tatı	us of tl	he lod	lging	ζ.				
I am aware that:														
1) in case of stay s	shorter t	han 2 m	onth	ıs I wi	ll still	l hav	e to p	ay the	e am	ount	for two month	S		
<ol><li>until the recept required to pay the</li></ol>			nunic	ation	of re	nun	ciatio	n, I wil	ll be	consi	dered in accom	nmoda	tion ar	nd therefore
l attach a photoco document)	py of an	identifi	catio	n doo	ume	nt (f	or the	non-	EU s	tuden	nt photocopy o	f passp	ort or	identity
Place and date		_/			_									
											legible signatuı	re		

 $<sup>^{1}</sup>$  Please note that it is possible to keep the accommodation until the fifteenth day following the graduation date