UNIVERSITÀ DEGLI STUDI DELL'AQUILA

To the GENERAL MANAGER

The undersigned

Matr. Cat economic position

Area with

in service at

place of employment

contact telephone number

aware of the consequences of making false statements, falsehood of acts and use of falsehoods, punishable by law according to art. 76 D.P.R. n. 445/2000 and art. 496 of the Italian Penal Code, under his/her own responsibility

DECLARES

Residence address *(Town/State/Address)*

Phone number/Mobile phone

Domicile address (Town/State/Address):

- ☐ It's the same of residence address
- ☐ It's the following: *(Town/State/Address)*

Phone number/Mobile phone

The undersigned also agrees to notify to University of L'Aquila any change of residence or domicile address, using this form.

Date _____ Signature

_____

Data collected with the present form will be processed by University of L'Aquila lawfully and correctly for the obligations related to this procedure.

Unità Organizzativa Responsabile: Settore Contabilità del Personale
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