

DECLARATION IN LIEU OF CERTIFICATION FORM, UNDER PRESIDENTIAL DECREE (D.P.R.) NO. 445/2000 ART. 47 TO TAKE REMOTE EXAMS - FACSIMILE

To the Chairman of the  
Examination Board

SUBJECT: Declaration in lieu of certification form, under Presidential Decree (D.P.R.) no. 445/2000 art. 47 to attend the remote exam session of *(provide the name of the course)*

\_\_\_\_\_,  
Course code \_\_\_\_\_, of Professor \_\_\_\_\_, scheduled as “in-  
presence” exam on \_\_\_\_\_

I, the undersigned \_\_\_\_\_, born  
in \_\_\_\_\_, on \_\_\_\_\_, University ID  
no. \_\_\_\_\_, enrolled in the BA/MS/Single Cycle Degree Programme  
in<sup>1</sup> \_\_\_\_\_  
\_\_\_\_\_ at the University of Pisa, and aware that false statements and documents use are liable of  
punishment

**DECLARE**

the impossibility to reach the venue of the above-mentioned exam because of the ongoing epidemic emergency in Italy, as<sup>2</sup>:

- resident or domiciled outside Tuscany (provide your permanent or domicile adress in this event)  
\_\_\_\_\_ ;
- public transport use with a higher risk of contagion;
- other (specify other reasons related to tho epidemic emergency preventing you from reaching the exam venue)  
\_\_\_\_\_ .

*I, the undersigned, furthermore, declare to be informed that all personal data provided in this declaration form will be processed by the University of Pisa for the sole institutional purposes, in compliance with art.13 of the EU General Data Protection Regulation 679/2016. Information notices for students are available on the Alice web portal – the online service portal for University of Pisa students.*

Place and date \_\_\_\_\_

Full signature \_\_\_\_\_

Declarant’s copy of a valid ID annexed

<sup>1</sup> Cross out options not involved

<sup>2</sup> Tick the relevant option(s)