Release of Diploma of Doctor of Research

To the Rector Magnificus

of Luiss Guido Carli

|  |  |
| --- | --- |
| I, the undersigned  (Surname and Name) |  |
| Born in |  |
| On (date) |  |
| E-mail |  |
| Mobile phone |  |
| Having awarded the title of Doctor of Research in |  |
| Cycle |  |
| On the |  |

Asks for

the release of the original diploma (an additional revenue stamp is necessary to be applied upon the degree parchment) according to the following modalities:

Personal collection or through delegate only if with delegation and photocopy of the delegator’s identity document;

or

Shipment by postal service to the address indicated below

Declares, furthermore, to have provided the above-mentioned data according to italian law n. 127 of 1997.

|  |  |
| --- | --- |
| Date | Signature |

Please write below the shipment address, if you want to choose this option:

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_n.\_\_\_\_\_\_\_\_\_\_\_\_

Postal code\_\_\_\_\_\_\_\_\_\_\_\_\_Città\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_

To (surname and name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The diploma will be sent by registered letter. In any event, the applicant exonerates the University from any responsibility should the diploma get lost in the post.

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| Date | Signature |