**REQUEST FORM FOR THE RETRIEVAL OF CREDENTIALS**

The undersigned…………………………………………………………………………………………………………….

Born in …………………………………………………………………date of birth……………………….……………

Fiscal Code………………………………………………………..…………………………………………………………

Resident in ……………..…………………………………… (Town……………..………) Zipcode…….……….…….

Country ………………………………………………………………………………………………………………….

Street………………………………………………………..………………………………………….….nr………..……..

Phone……………………………………..…………….Cellphone…………….…………………………….……………

**Account used to enter**: ………..…………………………………………..………………………………… (it can be “initialname.surname”,for example ‘m.rossi’ for the one Registered or it can be “id….”, for the students already ENROLLED)

**AUTHORIZE** The University of Verona to communicate the credentials or the procedures for their recovery for the access at the University’s on-line services at the following private e-mail address (**obligatory information**):

(write in clear and legible capital letters)

**SEND** this form with the following documentation:

* Copy of a valid identity document
* Copy of the Fiscal Code

At the following reference:

phd.support@ateneo.univr.it

**TAKE NOTE** that the closing of the administrative process of recovery of the credentials will take place within 3 working days starting from the day after the request.

Verona, li…………………. Firma………………………………….