



**ACADEMIC YEAR**

\_\_\_\_\_ *(indicate the academic year)*

Parma, .....

To the Director  
of the University Center for Inclusion

Send to: [cai@unipr.it](mailto:cai@unipr.it)

I, the undersigned .....

Residence .....

Telephone ..... Mobile .....

E-mail .....@studenti.unipr.it

enrolled in the ..... year of the Degree Program in

.....

student ID number .....

request, pursuant to the applicable legal provisions, the possibility of receiving support as I am involved in the care and assistance of a loved one.

For this purpose, I declare:

- that I hold formal recognition of caregiver status (to be attached);
- that I do not hold formal recognition of caregiver status, but that I provide assistance to ..... (full name), who is my ..... (relationship), and who requires care and assistance due to .....

(please attach documentation certifying the permanent or temporary non-self-sufficiency condition of the loved one).

Signature .....

*I thank you for your kind assistance and authorize the processing of personal data for the institutional purposes of the University of Parma (Italian Personal Data Protection Code –*



**UNIVERSITÀ  
DI PARMA**

Centro di Ateneo per l'inclusione

*Legislative Decree no. 196 of 30/06/2003 as amended, and European Regulation no. 679/2016 on personal data protection).*

*Signature .....*

**IMPORTANT**

**Please complete the form in all its parts. Incomplete forms will not be accepted.**