

TRANSFER REQUEST FORM

THE LINDERSIGNED

THE UNDERSIGNED					
Surname		Name			
Housed in					
Via	no	int.		room no.	
Telephone number		e-mail			
ASKS TO BE TRANSFERRED TO					
Reasons for the transfer request:					
Accommodation is allocated by the Accommoda subject to availability and depending on the loca		•	•	•	
In case of health problems, please attach a certifi	cate from a s	pecialist physicia	an, referring	to the current aca	demic year.
With the exception of urgent cases, the Accommon transfer requests, subject to availability of accommon submitted from September to December, by the the end of July for requests submitted from Ma	mmodation, the end of Ap	three times a ye	ar: by the e i	nd of December f	or requests
If the request is accepted by the Accommodation average expenses incurred by the Authority to case out in art. 4 of RULES AND REGULATIONS C	arry out the t	ransfer procedu	re, plus the f	inal check-out cos	sts (€ 40.00)
Pursuant to art. 13 of EU Reg. 2016/679 "Regulation on the part the data provided will be processed in compliance with art mentation, through paper and/or computer support; - the provision of the requested data is obligatory in order to the Data Controller is Opera Universitaria di Trento (via delle) you may exercise your rights against the data controller at a For further details, you can consult the complete information	t. 5 of EU Reg. a carry out the pola la Malpensada 8 any time, in acco	nd exclusively with rocedure; 12/A - 38123 Trento ordance with Articles	reference to the - 0461217411); s 15-22 of EU Re		d to this docu-
☐ Having read the above information, the undersign EU Regulation 2016/679.	ed consents to	the processing of	personal data	in accordance with	Article 13 of
Place and date		Signature			

