

agenzia regionale per il Diritto allo studio

I the undersigned _									_								
	(surname)									(name)							
Fiscal code											Birth date	<u> </u>		_/	_/	_	
Birthplace (or birt	h Count	:ry)															
Residing in (Town	or Coun	ntry)										Z	Zip cc	ode _			
Street/Avenue/So	Street/Avenue/Square/														_n		
	emailphone																
beneficiary of the taking into accou	e accomn nt the mi	nodatio inimum	n rooi perio	m nu ds of	mber _. stay a	and t	at _ he pro	cedur	es fo	r defin	_Student Ho ing the fees	ouse due fo	r the	housi	ing servic	e in question	
							REN	OUN	CE								
	to t	he ben	efit in	que	stion	with	effec	t from	n	_/	_/1						
for the following	reason:																
 graduatio 	n on dat	te/	//	/													
• other reas	son (to b	e speci	ified):														
																	
I promise to leav belongings and re								ıdicat	ed,	reeing	g the accor	nmoda	ation	fror	m any pe	ersonal	
I am available to c	arry out	the ver	ificati	on o	f the s	statı	us of t	he lo	dgin	g.							
I am aware that:																	
1) in case of stay s	shorter t	han 2 r	month	ns I w	ill stil	l hav	ve to p	ay th	e an	ount	for two mor	ths					
 until the recept required to pay the 			munic	atio	n of re	enun	nciatio	n, I wi	ll be	consi	dered in acc	ommo	odati	on ar	nd theref	ore	
l attach a photoco document)	py of an	identif	icatio	n do	cume	ent (f	or the	non-	EU s	tuden	t photocop	of pa	asspo	ort or	identity		
Place and date		_/			_												
											legible sign	ature					
The waiver must be se	nt to the e	e-mail alle	oggi.tri	este(ardis.f	fvg.it	with at	least 1	.o dav	s notice							

 $^{^{1}}$ Please note that it is possible to keep the accommodation until the fifteenth day following the graduation date