

Substitute Declaration of Self - Certification

**Renouncement of benefits for the right to study at University
of ERSU of Palermo**

The undersigned _____

born on / / in _____ County _____

tax payer identification number _____, participant in the competition
announcement for the allocation of scholarships and services for the right to university study of
the ERSU of Palermo for the academic year _____ (**practice n** _____).

*aware that anyone who makes false declarations is punished under the Penal Code and special laws on the matter,
pursuant to and for the purposes of the D.P.R. n. 445/2000*

DECLARE

- to revoke the aforementioned request and to renounce the benefits for the right to university study for the academic year _____;
- Other declarations _____

Attachments:

- ✓ copy of identification document;

Place and Date

Signature
