



Università
Ca' Foscari
Venezia

AUTHORIZATION TO PROCESS PERSONAL DATA (EMERGENCY CONTACT)

Area Didattica e Servizi agli Studenti

Ufficio Relazioni Internazionali/
International Office

Settore Mobilità/
Mobility Unit

The undersigned (name, surname).....,
born in, on.....,
residing in (street, no., postal code, city).....
.....
Enrolled in the Course of study.....at
Ca' Foscari University of Venice,

authorizes

Ca' Foscari University of Venice, in case of:

- danger for their own life or health or safety;
- disease/syndrome arisen or ingravescence of a previously arisen disease/syndrome;
- accident, personal injury;
- theft or robbery suffered by the signee;
- depletion of available cash/electronic money;
- and, in any case, should an emergency situation of any kind occur and affect the undersigned, and this according to the incontestable judgment of the University ;

to contact

name:
surname:.....
cell phone number:.....
email address:.....
relation with the undersigned (mother/father/brother...):.....

to inform him/her about the undersigned's location, his/her contacts (address/phone/e-mail) and any other necessary information related to the emergency situation, deemed as such by the University.

Place, date

Full signature

—
Ca' Foscari
Dorsoduro 3246
30123 Venezia

T +39 0412347575
F +39 0412347567
international.mobility@unive.it
unive.it
erasmusout@unive.it
international.cooperation@unive.it
unive.it
jointdegree@unive.it
erasmus@unive.it



Università
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Attached: ID (front and back)

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