



# UniSR

Università Vita-Salute  
San Raffaele

## **ASSISTANCE REQUEST FORM**

**(Law 5 February 1992 n. 104/ Law 8 October 2010, n. 170)**

The undersigned

**SURNAME** \_\_\_\_\_ **NAME** \_\_\_\_\_

Fiscal Code \_\_\_\_\_

Enrolled to the \_\_\_\_\_ year of \_\_\_\_\_ Matriculation 

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The undersigned, according to the Law 5 February 1992 n. 104, as amended by Law No. 17/1999 and the Law 8 October 2010, n. 170 bearing New regulations on *specific learning disabilities*,

1. attaches the certification regarding your status to this form;
2. calls for the possibility of using the following aids to be verified:

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Date \_\_\_\_\_

The Student \_\_\_\_\_

**Università Vita-Salute San Raffaele**

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