

# REQUEST FOR DIPLOMA RELEASE

Trieste.....

To the Director of SISSA

[protocollo@sisssa.it](mailto:protocollo@sisssa.it)

[phd@sisssa.it](mailto:phd@sisssa.it)

The undersigned

.....,  
born in .....  
on..... having passed the final examination to obtain the research  
degree of "Doctor Philosophiæ" in .....  
on....., asks for the release of the relevant Diploma.

Also authorizes the sending of the Diploma to the following address:

(For delivery abroad, please provide a phone number and the destination country)

.....  
.....  
.....

Kind regards,

.....

(signature)

☐ In accordance with Italian D.Lgs 196/03 and the General Data Protection Regulation (EU) 2016/679, I hereby give permission to use my personal data for all matters connected to the procedure and for statistical purposes in full protection of my rights and confidentiality (<https://www.sisssa.it/privacy>)

Revenue stamp € 16,00 – payment with pagoPA [Servizio Pagamenti SISSA](#)

Please forward the enrollment form together with the copy of payment to [phd@sisssa.it](mailto:phd@sisssa.it)