# STATEMENT OF TRUTH

# AFFIDAVIT AS PER ART. 47, D.P.R. 445/2000

I, ……………………………………………………………………..(full name) the undersigned, hereby declare:

1)) That all the copies enclosed are true to the original documents;

2) That I am aware that the lack of veracity of the information or the distortion of the documents will entail the invalidity of the merits affected, and that I may be liable for legal responsibility.

I declare that the foregoing is true and correct

 **Date Signature**

Data gathered with this form are treated only for the purposes of the ongoing procedure and are used only for these purposes, and in any cases only for the institutional purposes of the Scuola Superiore Meridionale.

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