**STATEMENT OF RESPONSIBILITY**

**PERSONAL INFORMATION**

Name and family name(s):

DNI, NIE or passport number:

Postal address:

Town or city:

Postcode:

Email address:

# I DECLARE ON MY OWN RESPONSIBILITY:

That I have studied \_ [name of degree] at the following university: \_ .

That I have applied to enrol in the Degree / Master's Degree in [name of degree] of the Faculty of  [name of faculty] of the Universitat de Barcelona.

That I am exclusively responsible for the veracity of the documents in my enrolment application and that the reasons why I cannot submit the original documents or duly legalised and/or attested copies of the documents are the following: .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I AUTHORISE:** |  | **Yes** |  | **No** |

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The Universitat de Barcelona to request information about the veracity of my academic studies from the academic institutions in the country that issued the documents:

As witnessed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [town or city] on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [day-month-year]

[Signature]