

Al

MINISTERO DELL'INTERNO
DIPARTIMENTO DELLA PUBBLICA SICUREZZA
DIREZIONE CENTRALE DELLA POLIZIA CRIMINALE
SERVIZIO PER I SISTEMI INFORMATIVI INTERFORZE
Via Torre di Mezzavia, 9
00173 Roma
privacy.dna@pecps.interno.it

I, the undersigned

[name]

[surname]

[nationality]

Born in

on

[place of birth]

[date of birth]

Resident of

[place and residential address]

telephone

[landline]

[mobile]

e-mail

[Please indicate a certified e-mail address, where available]

Police office where the genetic profile may be withdrawn

(Indicate the police office, the place and related address)

Pursuant to art. 33 of the Decree of the President of the Republic 7 April 2016, No 87 on the "Rights of the data subject".

REQUESTS

- confirmation of the existence of data on my genetic profile in the National DNA Database;
- transmission of the data on my genetic profile;
- update and/or deletion of the data on my genetic profile, for the reasons provided for by the law, indicated in the privacy notice.

Reasons for requesting the update and/or the deletion

I, the undersigned will go to the police office, indicated above, to withdraw the data pertaining to my genetic profile.

I, the undersigned, request that any information or decisions taken with regard to this application be communicated to the following domicile *[if different from the residential address]*.

Enclosures

1. Copy of a valid identity document.
2. Copy of legal authorization to represent the applicant, if any.
3. Certified copy of any documentation supporting the request for update and/or deletion.

Place and Date

The applicant/The legal representative

[Signature]