

Università di Pisa. Sistema Bibliotecario di Ateneo

Polo bibliotecario n. _____ Biblioteca di _____

REQUEST FOR BOOK LOAN PERMISSION

I, Surname _____ First Name _____

Place of Birth _____ Date of Birth _____

Permanent residence _____ Postal Code/ZIP _____

Street _____ n. _____ Tel. _____

Temporary address _____ Postal Code/ZIP _____

Street _____ n. _____ Tel. _____

e-mail _____ Cell Phone _____

ID Type and Number _____ **Expiration Date** _____

request permission for book loan as:

- undergraduate student in _____ matriculation no. _____
- specialization/PhD student in _____ matriculation no. _____
- lecturer/researcher (Department of _____) matriculation no. _____
- technical-administrative personnel (office of _____) matriculation no. _____
- contractor (Department of _____)
- Master's Degree Student in _____
- other*

*indicate QUALIFICATION and any affiliation as well as reason and duration of the Library loan request application _____

The applicant declares to be aware of the Regulations of the Sistema Bibliotecario dell'Università di Pisa regarding the loan service and to have read the penalties for failure to comply with the regulations. The applicant agrees to PROMPTLY communicate any changes of personal data. The applicant declares that the information contained in this form is true, in accordance with the regulations in force relating to autocertification (Act n. 15, Jan. 4, 1968 and subsequent additions and modifications)

Date: _____ Signature: _____

Authorization of the Library personnel for the processing of personal data, according to D.L. n. 196/03, only for official use or institutional purposes (loan delivery service and statistical purposes).

Date: _____ Signature: _____