

Codice utente _____

LIBRARY REGISTRATION FORM

ERASMUS Students

The undersigned (Surname and Name)

date of birth/...../..... (dd/mm/yyyy), place of birth

address.....

cell. nr. (*) mail (*)..... (write clearly)

being a guest at Università degli studi della Campania *Luigi Vanvitelli* until ___ /___ /_____ (dd/mm/yyyy)

within the framework of the Erasmus exchange program.

ASKS:

to be enrolled in the services of the Library of the Department of Mathematics and Physics.

Caserta,/...../.....

.....
(signature)

Passport n° (exp. date/...../.....)

To be registered, is required to deliver a copy of the identity document.

In compliance with the Regulation EU no. 2016/679 (GDPR - General Data Protection Regulation), I hereby authorize you to use and process my personal details contained in this document for the purposes related to the library services.