

Codice utente _____

LIBRARY SERVICES REGISTRATION FORM

WRITE IN BLOCK LETTERS

The undersigned (Surname and Name)

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

Address.....

Cell. number (*) University serial number __ __ 000 __ __

mail (*).....@studenti.unicampania.it

ASKS:

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

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

.....
(signature)

Passport n° (exp. date/...../.....)

N.B. : to be registered is required to deliver a passport copy and a passport-size photo in .jpg format

(*) mandatory data.

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.