



ACCADÉMIA DI BELLE ARTI DI CARRARA

REQUEST FOR REGISTRATION

to the Library of Accademia and to the Documentary Network Services

SURNAME NAME

COUNTRY OF BIRTH

DATE OF BIRTH M F

FULL ADDRESS N.

COUNTRY.....CITY.....

TELEPHON NUMBER MOBILE

E-MAIL :

PROFESSION.....

QUALIFICATION

IDENTITY CARD OR PASSPORT N. IUSSUED..... DATE

.....

I REQUEST TO BE REGISTRED TO THE LIBRARY

LIBRARY CITY.....

AND BY REGISTRERING TO THE SERVICES OF THE LIBRARY SYSTEM AND ITS WEB SERVICES, I CONSENT to the use of my personal information which will be processed solely for office purposes and for statistic purposes, in accordance with the provisions of Legislative Decree 101/2018 for adaptation to the EU Regulation 2016/679.

DATE

SIGNATURE.....

The application must be delivered to the registration library together with a valid identity document. During the regiostration process, the application can be completed with other required documentation from the library (privacy information, etc...).