

Codice utente _____

LIBRARY SERVICES REGISTRATION FORM

WRITE IN BLOCK LETTERS

The undersigned (Surname and Name)

born at (COUNTRY.....) on/...../..... (dd/mm/yyyy)

residing in..... at

n°..... prov. C.A.P. n. cell (*)

university serial number __ _ 000 __ _

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

ASKS:

to be enrolled in library services activated at the Library of the Department of Mathematics and Physics
(borrow and consult books, ask for articles, etc.).

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

.....
(signature)

Identity card n° (exp. / /))

N.B. : to be registered is required to deliver a copy of the identity document and a passport-size photo.

(*) obligatory 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.