



UNIVERSITÀ  
CATTOLICA  
del Sacro Cuore

Milan campus Library

## External users: membership request with guarantor

Milan, \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

I, the undersigned \_\_\_\_\_

place and date of birth \_\_\_\_\_

resident in \_\_\_\_\_ address \_\_\_\_\_ postcode \_\_\_\_\_

telephone no. \_\_\_\_\_ email \_\_\_\_\_

ID card/Passport

ID card  driving license  passport no. \_\_\_\_\_  
qualification \_\_\_\_\_

REQUEST to join the UCSC Milan Library with access to its loan and consultation services.

I ACKNOWLEDGE that I have read all the regulations and do hereby accept the terms and conditions contained therein.

I UNDERTAKE to use UCSC Library documentary and electronic resources and press copy exclusively for educational and research purposes, in compliance with current privacy legislations.

Signature: \_\_\_\_\_

### Information notice on the processing of personal data

Data requested from you will be processed by Università Cattolica del Sacro Cuore, as Data controller, in compliance with the provisions of European Regulation 2016/679 ("GDPR"). Please kindly read the Information Notice on the processing of personal data consulting 'Privacy' section on the <https://www.unicatt.eu> website.

I hereby declare that I have read the Information Notice on the processing of personal data

Personal data is processed for the sole purpose of providing you with the desired services offered by Università Cattolica del Sacro Cuore. You do not need, therefore, to consent to receiving announcements and information.

(Date and place)

(Signature)

\_\_\_\_\_

\_\_\_\_\_

► please see below

## EXTERNAL GUARANTOR

I, the undersigned \_\_\_\_\_, full/associate of \_\_\_\_\_ at \_\_\_\_\_ University, declare to be the guarantor and, therefore, accountable for the care and prompt return, within the prescribed time frame, of the items that Mr./Ms. \_\_\_\_\_ will receive on loan and/or for consultation purposes from the Università Cattolica del Sacro Cuore Library. I also declare that I am fully aware of and assume all the obligations that, in my capacity as guarantor, are imposed by the Library Regulations.

Guarantor's signature

Official stamp of Guarantor's

University/Institute



Role: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode \_\_\_\_\_

Tel.: \_\_\_\_\_

e-mail \_\_\_\_\_

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(Date and place)

(Signature)

\_\_\_\_\_

\_\_\_\_\_

### Reserved for Università Cattolica del Sacro Cuore Library

This request is accepted with validity from \_\_\_\_\_ to \_\_\_\_\_

For approval: \_\_\_\_\_

Please note: 3 copies of this form must be submitted to Bibliopoint, one of which will be sent to the guarantor for acceptance.