



## LONG PERIOD DELEGATION FORM

I the undersigned (Surname and name) \_\_\_\_\_

Matr. Number /Personal Code \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

Mobile Phone \_\_\_\_\_ e-mail \_\_\_\_\_

### DELEGATE

Surname \_\_\_\_\_ Name \_\_\_\_\_

Matr. Number /Personal Code (if Politecnico user) \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

to collect on my behalf the documents I will request in Politecnico di Milano libraries.

Date \_\_\_\_\_

Signature \_\_\_\_\_

N.B.: Please enclose a photocopy of an identity card (or other document with photo).

The delegated person will be required to show an identity document (or other document with photo).

The loans will be registered in the name of the delegator, who assumes all responsibility for the correct use of the material and compliance with the loan deadlines.

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*Pursuant to art. 13 of Legislative Decree 196/2003, containing provisions for the protection of personal data, please be informed that the information provided shall be processed exclusively for the institutional purposes and activities of the Entity and, in particular, for the purposes of the administrative procedure in question; for these requirements, provision of data is compulsory and processing of the same does not require the consent of parties concerned.*