

APPLICATION – ENTRY FORM FOR CONSULTATION

To the President
Fondazione Fedrigoni Fabriano

Surname			
Name			
Citizenship			
Address		Postal code	
Tel./mobile			
E-mail			
Specify college or university qualification			
Profession or Qualifications			
Name of Institute where work is being carried out			

REQUESTS

Admission to consult documents for the purpose of a study entitled:	
- for the purpose of an exam, thesis/doctorate assigned by prof.	
of the University of Studies	
Faculty of	
- on behalf of the editor	
- on behalf of board, institute, company, magazine, person other than applicant)	



- other than above-mentioned purposes	
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The subscriber here to declares having taken note of the **Access-Regulations** and promises to respect the provisions therein specified.

Date _____

Signature _____

N.B. The processing of personal data is subject to compliance with existing laws and regulations governing privacy.