

Document request form

To the Supervisor of the Central Archives of the State (ACS)

Last name.....

First name.....

Nationality.....

Address (street, number).....

City, State, Country.....

Tel./fax number.....

Email address.....

Current address(street, number).....

City, State, Country.....

Educational qualification.....

Present occupation.....

Employer or school.....

Last publications.....

asks to be admitted to the Consultation Room for a research (description/title).....

- for a graduation thesis/ Ph.D. assigned by Prof.

at the University.....Department.....

- for the publisher.....

- for the institution/organization.....

- other motivations.....

The subscriber has received and understands and will comply with **Consultation Room Regulaments** (Regolamento Sala di Studio) and subscribes the **Code of Conduct** to handle personal information for historical purposes (Codice di deontologia e di buona condotta per il trattamento dei dati personali per scopi storici, D.Lgs 30 giugno 2003, n.196).

The subscriber authorizes the ACS to handle personal information reported in the present form.

Date_____

Signature_____

The director of the Sala di Studio
