Facility access authorization request

Requestor information

Last Name: _____ First Name: _____

Date and place of birth: _____

Personal Phone no.: _____ Email: _____

Position (student, researcher, other – please specify): _____

Company/organisation: _____

Duration of Access Required

Due to safety regulations, access to the Department of Information Engineering (Dipartimento di Ingegneria dell'Informazione - DII) is allowed only from Monday to Friday from 07.30 am to 7.30 pm (Italian Local Time) and on Saturdays from 07.30 am to 12.30 pm.

Access start date: _____ Access end date: _____

Confidentiality Statement

I understand that I am individually accountable for the use of my badge at the premises of Università Politecnica delle Marche. Improper use of the badge may result in revoking access rights.

I understand that all the data acquired by the DII are used solely for internal use of the Department.

I hereby declare that I have read the D.Lgs. (Italian legislative decree) n^ 196 of 30 June 2003 and the Regulation (EU) 2016/679 ("GDPR") of 27 April 2016 for the processing of personal data posted on the web page of Università Politecnica delle Marche at the link http://www.univpm.it/Entra/Privacy/L/1.

Date, _____ Requestor Signature _____

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For DII staff use only

Supervisor name _____

Date, _____ Supervisor Signature _____

Date, _____ Director Signature   _____