



Registration form

(To be completed in capital letters)

USER'S DATA

SURNAME

FORENAME SECOND/MIDDLE NAME

DOCUMENT NUMBER

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 BIRTHDATE

D	D	-	M	M	-	Y	Y	Y	Y
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.....
(correspondence address)

.....

Professional status*: pupil/student employed other

I hereby confirm that all the data provided above is true and correct, I declare I am familiar with the rules and regulations within the Terms of Use of the Library, and I undertake to observe them fully.

Lodz, date (legible signature)

As the administrator of personal data, the City Library of Lodz (address: Plac Wolności 4, 91-415 Lodz) announces that your personal data will be processed in order to guarantee the possibility to use the library items, for statistical reasons, and in matters regarding the financial responsibility for any borrowed library items. Your personal data will be accessible exclusively to the entities authorised by the regulations of law. You have the right to demand access to your personal data and its correction. Providing your personal data is a statutory requirement. A full version of the personal data clause is available at bip.biblioteka.lodz.pl/index.php/rodo.

.....
Tel. /e-mail**

I agree to receive commercial information from the City Library of Lodz (address: Plac Wolności 4, 91-415 Lodz), pursuant to Article 10 Section 1 of the Act of July 18, 2002 on the Provision of Electronic Services by electronic means of communication, and in particular, via electronic mail to my given e-mail address, telephone number.**

.....
(legible signature)

I have been informed that consent is voluntary. I have the right to access the content of my personal data, to correct and edit it, and to withdraw the granted consents.

* mark the proper square X
** applicable to persons aged 16 or more



Guarantee

To be complete in regard to a minor

I hereby take the responsibility for fulfilling the obligations towards the City Library in Lodz.

.....
(signature of parent/legal guardian)

(parent/legal guardian)

SURNAME

FORENAME **SECOND/MIDDLE NAME**

DOCUMENT NUMBER

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BIRTHDATE

D	D	-	M	M	-	Y	Y	Y	Y
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.....
(correspondence address)

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.....
(legible signature)

GUARANTOR'S DATA

I have been informed that consent is voluntary. I have the right to access the content of my personal data, to correct and edit it, and to withdraw the granted consents.