



Comune  
di Bologna



bologna  
BIBLIOTECHE

WRITE IN BLOCK LETTERS

## Release Waiver / Responsibility Authorization

4

Name/Surname .....

Date of Birth/Place of Birth .....

Phone ..... Cellular .....

E-mail .....

City of Residence .....

Street Address ..... n. .... CAP .....

Tax ID Code ..... SBN Code .....

### REQUESTS

registration with the Internet browsing service offered by the libraries of the Municipality of Bologna, and has been informed that false declarations, false documents, and the use of false documents are punishable by sanctions according to Italian laws.

### DECLARES

- > to have read the FUNDAMENTAL PRINCIPLES, TERMS AND CONDITIONS FOR INTERNET NAVIGATION IN THE LIBRARIES OF THE MUNICIPALITY OF BOLOGNA, which contains information on the processing of personal data as per EU Regulation 2016/679 (general regulation regarding the protection of personal data);
- > to relieve the Libraries of the Municipality of Bologna of any liability concerning the use of its Internet browsing service;
- > to be responsible for the conservation, with the utmost confidentiality and diligence, of login credentials, which are strictly for personal use and not to be shared or communicated with others;
- > to communicate the loss or theft of credentials and to request new ones if necessary;
- > to be aware that the Municipality of Bologna may use the data contained in this self-certification exclusively within the confines and for the institutional purposes of the Public Administration as per EU Regulation 2016/679 (general regulation regarding the protection of personal data);
- > to have carefully read and accepted all the terms and conditions of use of the service expressly indicated in this agreement.

Date ..... Signature .....