

Registration to the H-FARM Library System

THE PARENT OR GUARDIAN

Last name, First name _____
Born in _____ On date _____
Document type _____ Document number _____
Issued by _____ On date _____
Expires _____ Nationality _____
Email _____ Phone number _____

ASKS TO REGISTER THE MINOR

Last name, First name _____
Born in _____ On date _____
Residence address _____ Postal code _____
City _____ Province _____
State _____ Nationality _____
Domicile address* _____ Postal code _____
City _____ Province _____
State _____ Document type _____
Document number _____ Issued by _____
Issued on _____ Expires _____

*to be filled in only if different from residence address

DECLARES THAT:

- I authorize the minor to use the spaces and services of the H-FARM Library under my own responsibility
- I received the privacy notice as of art. 13 of the EU Guidelines 2016/679 and I authorize the processing of personal data provided to H-FARM

Date and place,

Parent's or guardian's readable signature

