

Lodz, date

.....
(Name and surname)

.....
(ID card no. / ID library card no.)

Declaration

I express my willingness to use the collections and I undertake to abide by the regulations of the Library of Lodz University of Technology / Information and Library Centre of the Medical University of Lodz*.

.....
(signature)

I give my permission for my personal data to be transferred to the Library of Lodz University of Technology / the Information and Library Centre of the Medical University of Lodz* (in the following scope: name and surname, address data, e-mail address, telephone number, PESEL number, student ID card/ number, reader category) and for my personal data to be processed by the above institution in accordance with the Personal Data Protection Act of 29 August 1997 (Journal of Laws 2016, item 922, as amended) for the purpose of using the book collection of the aforementioned institution and also for statistical purposes.

.....
(signature)

* delete where not applicable