



PAVIA UNIVERSITY
Aethenaeum Museum System
Pavia University History Museum

Strada Nuova, 65
27100 PAVIA

phone 0382-984707- e-mail museo.storico@unipv.it

CONSULTATION FORM

Request n° _____/20__

To the Director of the Pavia University History Museum,
Pavia University,
Strada Nuova, 65
27100 Pavia

I, the undersigned, _____

born in _____ on _____ ntionality _____

resident in _____ prov. _____

Street/Square _____ cap. _____

currently residing in _____

telephone _____ mobile telephone _____ e-mail _____

occupation _____

at (Faculty/Institute/Office/Other) _____

with reference by professor (for graduating students or PHD students) _____

_____ ID document _____

n° _____ released on _____ by _____

(attach copy of the document)

REQUESTS TO CONSULT

the following documents (please indicate Archive fond, series, file, item):

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_ research topic:

—

_ research purpose (study, final dissertation, etc.):

The applicant undertakes, in case of use of the documents consulted, to cite the source and to deposit a copy of the paper (dissertation, publication, article) containing information obtained by consulting the material preserved at the Museum for the History of the University.

He also undertakes to report to the Management any change to the research topic indicated in this form.

Date _____

Signed

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pursuant to article 13 of Regulation (EU) 2016/679

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Document consultation authorized

The Director of the Pavia University History Museum
