



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 agree to receive commercial information from the **City Library of Lodz (address: Plac Wolności 4, 91-415 Lodz)** for the purpose of direct marketing related to the operations and services provided by the Library. The provision of such data is voluntary. My consent is the basis for processing the data. I have the right to withdraw my consent at any time, which shall not affect the legality of data processing performed prior to the withdrawal of the consent. Personal data will be processed until the consent is revoked, and upon such revoking, within the period of limitation of claims to which the administrator of data is entitled or claims which apply to them. I have the right to demand – from the administrator – access to my personal data, its correction, deletion, or limitation of processing, as well as the right to file a complaint to a supervisory body. Any queries regarding the processing of personal data should be directed to the Inspector for the Protection of Personal Data at daneosobowe@biblioteka.lodz.pl.**

.....
(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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GUARANTOR'S DATA