

**COMPUTER SCIENCE DEPARTMENT LIBRARY
" Sapienza" University of Rome**

VISITING PROFESSOR

Foreign Visiting Professor who wish to have access to the Computer Science Library are kindly requested to fill out the following application form:

First Name _____ Last Name _____

Home Institution _____

Position _____

E-mail _____

Address in Italy during your visit:

City _____ Zip code _____ Tel. _____

Undersigning the above application form I acknowledge that:

- I will follow the Regulations of the Library
- I will comply with the Italian Copyright (Law 248/2000)
- Before leaving Rome I will return the badge to the library staff

According to the Italian Law Personal Data contained in this Form will not be disclosed to anyone.

Rome,

Signature

Da compilare a cura del *docente* o ricercatore afferente al Dipartimento di Informatica

I sottoscritt _____ (*stamatello*) _____ dichiara di fornire
totale garanzia fino alla data del _____ per l'utente di cui sopra.

Data

Firma