
SURNAME, NAME(S)

FIELD OF STUDY / WORKPLACE

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STUDENT E-MAIL

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PHONE NUMBER

NUMBER OF LIBRARY CARD

DATE OF BIRTH

I certify that I have read the regulations of the UPWr Library (www.bibl.up.wroc.pl), the rules of using e-sources, the rector's orders and I undertake to comply with them.

I consent to the processing of my personal data by the Main Library and Faculty Libraries of the Wrocław University of Environmental and Life Sciences, in accordance with the information clause (https://www.upwr.edu.pl/uczelnia/48696/klauzula_informacyjna.html)

Date

Signature