

Library card number
Signature of an employee

**APPLICATION FORM TO JOIN
THE LIBRARY OF THE PONTIFICAL UNIVERSITY OF JOHN PAUL II**

Surname and name (names).....

Address of permanent residence.....

PESEL number.....

Series and number of Identity Card

University/Faculty/Place of employment

Form of study: full-time / part-time / postgraduate / PhD / Third Age.....

No. of professional card/certificate from an employer.....

Mobile/Private number.....

E-mail.....

I declare that I have read the applicable Terms and Conditions of the Library of the Pontifical University of John Paul II. I accept it and I agree to abide by it. In accordance with the applicable law on personal data protection we inform you that your data will not be passed on to other institutions or persons for marketing purposes (the Act of 29 August 1997 on Personal Data Protection, Art. 24, Sec. 1: Journal of Laws No. 133, Item 883). In case of any change to the data contained in this form I undertake to immediately inform the Library of the Pontifical University of John Paul II thereof.

Kraków, date
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