

.....
Name, surname

.....
number of library card/ number of student ID album / number of employee card

AUTHORISATION

I authorise
(name and surname)

PESEL:.....

to collect and credit the following materials to my library account:

.....
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.....

I declare that I take full responsibility for the materials borrowed by the above-mentioned person.

.....
Signature of the account owner

.....
Signature of person authorised

I give my consent to the processing of my personal data in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) for the purpose of using SUM Library collections. Your Personal Data Controller is Medical University of Silesia, 15 Poniatowskiego St., 40-055 Katowice, Poland, phone +48 32 208 3600, NIP: 634-000-53-01, REGON: 000289035.

.....
Date

.....
Signature of person authorised

Library annotations:
AUTHORISATION accepted on