Unidroit Library

Access Application Form

Visitor’s Contact Information

Please fill in this form in CAPITAL LETTERS and return to:

Ms Bettina Maxion, Librarian, b.maxion@unidroit.org or

Ms Laura Tikanvaara, l.tikanvaara@unidroit.org

Name (Family name, First name) ……………………………………………………………………………………..

Address …………………………………………………………………………………………………………………..

Postal Code …………… City …………………….. Country ……………………………………………………………

Home or office telephone number: ……………………………………………………………………………………

Mobile number: …………………………………………………………………………………………………………

E-mail address: ……………………………………………………………………………………………………………

Organisation/University/Company ………………………………………………………………………………………

Subject of research: ………………………………………………………………………………………………………

I am seeking to access the Unidroit Library for the period from ……………………………

until ………………………………………………………..
Those accessing the Library are required to respect the terms listed in the Library’s Rules of Conduct. Failure to do so could result in a loss of access rights. The Head of the Library can withdraw access rights at her discretion.

Rules of Conduct:

1. All visitors must provide a photocopy of a valid ID card or passport.

2. According to the measures adopted by the Government of Italy regarding the COVID-19 situation, you are requested to wear a mask when in the UNIDROIT Library.

3. In signing below, visitors UNDERSTAND AND DECLARE THAT THEY:

   - are not subject to a quarantine period at this time;
   - have not tested positive for COVID-19 within the last two weeks;
   - do not come from an area subject to restrictive measures;
   - do not otherwise display any symptoms of COVID-19 infection.

Please include a photocopy of a valid ID card or passport and your curriculum vitae with this form.

Date, .................................................. Signature ..............................................

Applications will be processed within two working days, after which applicants will receive an email from the Library.