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. 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.

2. 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.

With this form please include a photocopy of your curriculum vitae, a valid identity card or passport and your certificate of vaccination for COVID-19.

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