ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA
CAMPUS DI FORLÌ

Roberto Ruffilli
Central Library

DELEGATION FOR THE WITHDRAWAL OF BOOKS ON LOAN

I, the undersigned (1) (Surname and Name) _____
Born in (City) _____
Prov. _____ on (dd/mm/yyyy) _____

Enrolled in the Course of Studies in:
_____

Enrollment number no. _____

Aware of the civil and criminal penalties foreseen in case of false declarations, being unable to go to the Library in person (Surname and Name) (2) _____
Born in (City) _____
Prov. _____ on (dd/mm/yyyy) _____

the withdrawal of the following volumes:
_____
_____
_____
_____

Liability in case of delay in returning, loss or failure to return the volumes remains on me.

(place), _____ (date), _____

Yours Faithfully
(Legible signature)

_____

1 A copy of the delegating party's identity document is attached.
2 The delegate must show an identity document