



### Request for Access Authorization at LNGS

**To be completed by the applicant:**

Surname and Name \_\_\_\_\_ Sex  M  F

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

Temporary address during the stay at LNGS: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Telephone \_\_\_\_\_

Education Qualification \_\_\_\_\_ Fiscal Code \_\_\_\_\_

Citizenship \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Employee INFN Section of \_\_\_\_\_

Employee other Institute \_\_\_\_\_

University Employee \_\_\_\_\_ Department of \_\_\_\_\_

University undergraduate \_\_\_\_\_

Postgraduate/doctorate student University of \_\_\_\_\_

Other \_\_\_\_\_

(specify)

Associated with INFN Section of \_\_\_\_\_

(specify if you are INFN fellowship or FAI/TARI/MAE etc. funds Guest) \_\_\_\_\_

**I undertake:**

- to the full respect of the in force law in matter safety and of the rules, norms and internal procedures of LNGS.
- to give an immediate notification of any changes in my current position by submitting the up-dated and relevant documentation, the lack of which will immediately revoke my access.

According to art. 13 of the law decree 30th June 2003 no. 196, at LNGS-INFN personal data will be exclusively handled for access authorization purposes. People concerned may assert their claims according to art. 7 of the same law decree n. 196/03. The person designated as responsible for the data handling is the Director of LNGS.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**To be completed by the Person in charge of the Activity at LNGS:**

Requested period from \_\_\_\_\_ to \_\_\_\_\_ **(Must coincide with dates in the Request for Permission)**

LNGS work destination \_\_\_\_\_

Division/Group/Experiment

Tasks

LNGS Supervisor (full name)

She/He deals with ionizing radiation sources at LNGS: YES  NO

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Authorization by LNGS Director** from \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

