*The form must be completed by those who, with the authorisation of the Head of CIRI-AERO, receive the access keys, alarm code or temporary badge for independent access to the facilities.*

*The form must be handed over by those concerned to the local safety officer, Veronica Rossi (*[*veronica.rossi5@unibo.it*](mailto:veronica.rossi5@unibo.it)*), when collecting the keys or badge.*

I the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , tax code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

*e-mail (indicate UNIBO e-mail if possible)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

phone/cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in my capacity as (lecturer/researcher/fellow/scholarship holder/etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE RECEIVED**

today by *(indicate the person delivering)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

the following devices/codes *(check the related items)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description** |  | **No.** |
| □ | Set of access keys to the Forlì Technopole  (outer door and inner door) | via B. Carnaccini 10-12  47121 Forlì |  |
| □ | Visitor Centre Key | via G. Zoli, 63  47017 Predappio (FC) |  |
| □ | Forlì Technopole Alarm Code | via B. Carnaccini 10-12  47121 Forlì | – – – |
| □ | Temporary badge | – – – |  |
| □ | *Other:* |  |  |

I the undersigned undertake not to give my device/keys to others or make copies. I further agree to look after them and use them in a responsible manner. I will return them at the end of my relationship with the University or in any case as soon as I no longer need to access the premises.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name and surname)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(signature)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed upon returning the keys/devices.**

I the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (tax code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_),

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ return *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(signature)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by the contact person for the premises, to confirm return:

Contact person *(name and surname)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*