Annex H – Request for keys or badge to access the Forlì-Cesena Technopole

Cesena Campus

UNIVERSITY BADGE APPLICATION FORM (the form is provided for grant holders, research fellows and accredited collaborators, permanent staff)

The form must only be used to apply for a university badge. Badges can only be issued to those who already have a University email account e.g., name.surname@unibo.it

The form must be filled in by the RDRL and sent by e-mail: to the Facility Coordinator (Pietro Rocculi, pietro.rocculi@unibo.it), Sara Barbieri sara.barbieri@unibo.it (badge contact person) and the Local Safety Officer (Alessia Umberta Mattioli) alessia.mattioli@unibo.it;the original shall be handed over when collecting the badge.

The undersigned ..................................................................................... employee no. .................................................

employed at …..........................…......................................................

address email@unibo.it .................................................................................................................................................

telephone .............................................................................. fax ...............................................................................

|  |  |
| --- | --- |
| as the Head of reference |  |

### REQUESTS on behalf of:

Mr/Ms (name and surname).................................................................….…..........................................................

activity [ ] research fellow [ ] accredited collaborator [ ] scholarship holder [ ] permanent staff member

TAX ID NO. …..-…..-…..-…..-…..-…..-…..-…..-…..-…..-…..-…..-…..-…..-…..-…..

contact telephone number ..............................................................….…..................................................

University email account @unibo.it ..............................................................….…..................................................

**the production/activation of a university badge**

**valid from** ……………..…….…………………. **to** ……….………………..………..…………..

**Reason:**

* **First time delivery - Issue** for (specify the reason)

……………………………………………………………………………….

* **Activation of CIRI Tecnopolo Cesena gate (main entrance, via Quinto Bucci 336, Cesena)**

or delivered/issued again because they have been:

* **stolen**
* **lost**
* **accidentally demagnetised**
* **other** (please specify)

……………………………………………………………………………………………………………………..

Cesena, …………………………………. Signature ………………………………………….

Section to be filled out only in the event of theft or loss:

Pursuant to and for the purposes of Article 76 of Presidential Decree 445/2000, under which criminal penalties apply for making false, partial and incomplete statements, I declare under my own responsibility that the above information is true and correct.

Cesena, ….……………………………………. Signature (1) …………………………………….……………..……………

(1) The form must be signed in front of the receiving person (if sent by post, a photocopy of the signer’s identity document must be attached). Article 38, paragraph 3, Presidential Decree 445/2000.