Guest Account Request Form

All fields are mandatory unless otherwise stated.

Guest Information Section

(to be completed by the Requestor)

Title		
First Name(s)		
Surname(s)		
Email*		
Birth Date		
Nationality		
Codice Fiscale (optional)		
Passport Number or EU Na Identity Card Number	ntional	
Mobile Number		
Stard date		
End date * private email address (not unipi.	it)	
	the use of the assigned Account (see the Re	•
•	ly/1LaM8Zv). I will maintain the confidentiality	
	sity's systems and their data, any illegal copyi	•
University's equipment may re	sult in disciplinary action and will be reported	to the competent authority.
Date (DD/MM/YYYY)		Requestor Signature
Identification Sectio	n	
(to be completed by the Person in cha	rge of the user registration)	
I hereby state that I have ident	ified the Requestor by the mean of his Passp	ort/EU National Identity Card
Thoroby state that Thave lacing	med the requester by the mean or me r assp	oruzo manomar raomaty Garan
Date (DD/MM/YYYY)	First Name and Surname	Signature
Authorization Section		
(to be completed by the Head of Depa	rtment/Structure)	
As Head of Department/Struct	ure of	I authorize the
present request.		
Date (DD/MM/YYYY)	First Name and Surname	Signature
Date (DD/WWW/1111)	i not ivanie and outhand	Oignature