



Mediateca Multilingue
Merano
Sprachenmediathek
Meran

Minor Enrolment n° _____

The undersigned parent/legal guardian

Surname _____

Name _____

Place of birth _____

Date of birth ____ / ____ / ____ Sex M ☐ F ☐

*Identity document _____

N° _____

*Fiscal code _____

***Please enclose a copy of the identity document
and fiscal code of the parent/guardian and of the minor**

Residence: City _____ Province _____ Postcode _____

(street) _____ N° _____

Domicile: City _____ Province _____ Postcode _____

(street) _____ N° _____

Telephone n° _____ E-MAIL: _____ @ _____

(in block letters)

The undersigned states following e-mail as personal digital address:

_____ @ _____ to be used as exclusive address for every type of
communication, while committing to keep it functioning and to communicate any relative change.

hereby requests registration at the Multimedia Language Centre for

Surname _____

Name _____

*Fiscal code _____

*Identity document _____

Date of birth ____ / ____ / ____

Sex M ☐ F ☐

USER GROUP

☐ Pre-school age

☐ High school pupil

☐ Elementary school pupil

☐ Other _____

☐ Middle school pupil

NATIONALITY

☐ Italian

☐ European Union

☐ Other _____

I wish to receive the newsletter:

☐ Yes ☐ No ☐ I am already a subscriber and receive the newsletter regularly

**The undersigned hereby declares to have read the information about the protection of personal data in
accordance to EU regulation 2016/679 and the rules governing access to the library services and agrees to
comply with all their aspects**

(see the text online: <http://www.provincia.bz.it/multimedialanguagecentre/languages-services>).

Date _____ Signature _____

Person authorized to process personal data _____