LA GALLERIA

NAZIONALE

Consultation Form
(Institutes's archive – Historical Funds – Bio-Iconographic archive)

To the Director of the Galleria Nazionale d'Arte Moderna e Contemporanea di Roma

Last Name _____ First Name _____

Role (student, researcher, etc.) _____ Home Institute _____

Address _____

City _____ Country _____ ZIP Code _____

Phone Number_____ e-mail_____

I hereby request to consult the following documents from the _____ Archive
(specify the archive)

_____

_____

_____

For the following purpose: _____

_____

_____

I hereby declare to have read - and respect - all the points in the "Archives Regulations Form".

Consulters breaching any of the norms in it, may be, in case of serious misconduct, temporarily or definitely excluded from the Archive.

Date _____ Signature _____

The undersigned_____ authorises the Galleria Nazionale d'arte moderna e contemporanea to use his/her personal data, as per art. 13-14 of the GDPR (General Data Protection Regulation) 2016/679 – pursuant to art 13 of Legislative Decree 196/2003 for institutional purposes only.

Date _____ Signature _____

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