

Lesekartenummer 20 000

Referent/in

DECLARATION OF CONSENT

First Name

Date of Birth . .

Surname

Street

Number apt./ste./door

City

ZIP code

Country Austria

E-mail address

Municipal dep.*

*if applicable

library usage (mandatory item)

I agree with the transmission and processing of the personal data concerned, as far as this is necessary for the use of the library. (Further informations about data protection law according to art. 13 DSGVO: www.wienbibliothek.at/datenschutz) By signing I acknowledge Wienbibliothek's library regulations. (www.wienbibliothek.at/benuetzung-services/benuetzungsordnung)

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