

## AMU-NET RESOURCES AUTHORISATION FORM

NAME AND SURNAME	
PESEL NUMBER	
E-MAIL - private (data provided voluntarily)	
PHONE NUMBER (data provided voluntarily)	
DEPARTMENT	
POSITION	
I HAVE AMU.EDU.PL ACCOUNT	O YES login: O NO
I REMEBER MY PASSWO TO AMU.EDU.PL ACCOU	
SUPERVISOR'S E-MAIL ADDRESS	should be completed in case of refusal to provide a private e-mail address
I give my consent to Adam Mickiewicz Un number for the purpose of activation and	please give your consent to its processing. iversity, Poznan located at Wieniawskiego 1, 61-712 Poznan, to process my e-mail address and telephone possible verification of access to an AMU-NET account. I have been informed that I have the right to withdraw the legality of the processing, which was performed on the basis of consent before its withdrawal.
Date and signature	
<ol> <li>I do acknowledge the provisions of and I undertake to comply with the</li> <li>I do confirm that data provited in the</li> </ol>	
Date and signature	
то	BE COMPLETED BY AN EMPLOYEE OF THE IT CENTER

DATE AND NOTES