

DECLARATION OF CONSENT

I agree that my son/my daughter/my ward

Surname, first name (of the minor)

Date of birth

has permission to use the Library of Hannover Medical School.

The use of the library is subject to the current version of the relevant Terms of Use, which are hereby accepted. I shall be liable for compliance with the relevant Terms of Use and undertake to meet all claims arising from the use of the library by my son/my daughter, in particular to pay fines or to compensate for damages in the case of losses or damage to library property.

Surname, first name

Street, house number

Postcode, place of residence

Place, date

E-Mail (optional)

Tel. (optional)

Signature of a parent or legal guardian

In addition to this signed and completed declaration, Library of Hannover Medical School requires the following documents for registration purposes: The minor's:

- 1) valid ID card or
- 2) passport and certificate of registration

The parent's/legal guardian's:

- 1) valid ID card or
- 2) passport and certificate of registration

FOR INTERNAL REMARKS BY THE LIBRARY

The information corresponds to the information in the parent's/legal guardian's ID

Date/initials