**ACCESS TO I3A FACILITIES WITHIN THE “I+D+i” BUILDING**

**REQUESTED ACCESS**

TO FOLLOWING LOCATIONS WITHIN THE “I+D+i” BUILDING: Click to type here

ACCESS HOURS: Click to type here ACCESS DAYS: Click to type here

ACCESS START DATE: Click to type here ACCESS END DATE: Click to type here

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Applicant signature

**APPLICANT**

LAST NAME: Click to type here

FIRST NAME: Click to type here

ID Card/NIE/Passport Nr.: Click to type here

NIP (Internal Univ. Zaragoza member Nr.): Click to type here

USER GROUP: [ ] Lecturer [ ] Admin Staff [ ] Fellow [ ] Other (pls specify): Click to type here

INSTITUTION/ORGANIZATION OF ORIGIN (if applicable): Click to type here

E-MAIL: Click to type here CONTACT PHONE NR.: Click to type here

**FOR TEMPORARY STAFF, ADMIN STAFF & FELLOWS:**

Mr./Ms. *(The Responsible Researcher):*  Click to type here

in the capacity of *(director of research, thesis, etc.):* Click to type hereconfirms that the applicant is working at the I3A.

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Responsible Researcher signature

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Approval: Jesús Arauzo Pérez Date: Click to type here

 Director I3A