



Università Iuav di Venezia

Dorsoduro 2196 / Cottonificio veneziano
30123 Venezia
t. +39 041 257 1011-1012-1013-1014
archivio.progetti@iuav.it
www.iuav.it/archivioprogetti

AREA RICERCA, SISTEMA
BIBLIOTECARIO E DOCUMENTALE

Archivio Progetti

APPLICATION FOR REPRODUCTION AND PUBLICATION RIGHTS

With reference to the *2016/679 European Regulation*, the data information provided here will be used only for internal management needs and will not be given away to third parties and will be subject anonymously only to statistical processing.

Please see the full text on the informative to: <http://www.iuav.it/privacy>

Surname: _____ Name: _____

Institution/Firm: _____

Address: _____

Contacts (phone and email): _____

Ask to reproduce the following documents (please check the option interest):

- The application is made for study or personal purposes, teaching, for BA or PhD thesis:** the undersigned undertakes not to publish, reproduce and provide to third party the reproductions given, without having obtain the specific authorization from Archivio Progetti and the others copyrights owner.

Date and signature: _____

- The application is made for publication:** the applicant declares to be aware of the restriction of publishing the requested reproductions only once, subject to the copyright law;
declares to relieve Archivio Progetti from third party copyrights and it shall require additional authorisation for it;
undertakes to send one homage copy of the publication to Archivio Progetti, in which the reproductions will be included;
understands that the missing payment of the copyrights imply the rejection to the permission of publishing other records;
undertakes to publish on the credit line: **Università Iuav di Venezia, Archivio Progetti.**

Type of publication:

- volume
- periodical/journal/magazine
- other

- scientific publication
- commercial publication

Title, author, date, editor:

Already having the images:

- no
- yes

Date and signature: _____

[follow]

I
- - -
U
- - -
A
- - -
V

DOCUMENTS TO BE PRODUCED

Please, list below exactly the archival fond, the archival unit title, the signature and/or the identificative number

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

Data for the invoice (if requested):

Person in charge for the billing: _____

Full billing address: _____

VAT number or fiscal code _____

Authorized by: _____