



ALEMBIC, Advanced Light and Electron Microscopy BioImaging Center
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ALEMBIC Facility access authorization Form

(editable pdf)

Applicant:

First Name:

Tax Code:

Last Name:

email:

tel.:

Resident of

Via

n°

Position:

Working at Unit:

Unit Head:

requires authorization to access the ALEMBIC Facility through **PERSONAL BADGE**

Badge Type:

Badge n°:

with the following access mode:

☐

I also declare that I am aware of the rules concerning activities at ALEMBIC Facility and of the responsibilities for using my personal badge.

Applicant signature _____ Unit Head signature _____

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ALEMBIC Facility Manager's signature of approval, Dr. Cesare Covino _____