



UNIVERSITY
OF LJUBLJANA

FMF

Faculty of Mathematics
and Physics

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LIBRARY USER REGISTRATION FORM

First name and surname: _____

Date of birth: _____

Home address: _____

Address of temporary residence in the Republic of Slovenia: _____

Notification address: e-mail: _____

Statement:

I, the undersigned, state that I want to become member of the Library of the Faculty of Mathematics and Physics UL, and that I am acquainted with, accept and will respect such provisions as determined in the rules on the general conditions of service and operations in UL libraries, and the rules in this library. With my signature, I confirm that the personal data provided are true and that I will report any change in said data to the library within eight days of such change.

Notification on the Processing of Personal Data:

The library, as the data controller, will process the personal data of users in accordance with point (b) of Article 6 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data (GDPR) and Article 6 of the Personal Data Protection Act (Official Gazette of the Republic of Slovenia, No. 163/22; ZVOP-2).

The library will process the personal data of users for the purpose of conducting its operations and will retain them for a maximum of one year after the expiration of membership in the library or until the user settles all payment obligations and returns borrowed library materials.

Library users may exercise their rights to access personal data, rectification, restriction of processing, and (to a certain extent) data portability at any time. For assistance in exercising their rights, they can contact the authorized data protection officer at the University of Ljubljana (dpo@uni-lj.si). If you believe that your personal data is not being processed properly, you can lodge a complaint with the Information Commissioner of the Republic of Slovenia.

Date: _____

Signature: _____