



**Università  
degli Studi  
di Palermo**

**Dipartimento di Biomedicina,  
Neuroscienze e Diagnostica Avanzata**

**Il Direttore: Prof. Riccardo Alessandro**



To Department of  
BIOMEDICINA, NEUROSCIENZE  
E DIAGNOSTICA AVANZATA

**Object:** Access authorisation to Departmental facilities

The undersigned (name and surname) .....,  
born in ..... on .....,  
as a student of ..... year of the Degree Course in  
.....,  
registration number:....., email:..... ,  
phone number:.....,

#### **ASKS**

to attend the premises and research laboratories of the section  
of ....., pertinence of this Department, for which is  
responsible Professor ....., in order to  
carry out the activity of: *(tick the box of your interest)*

- ☐ DISSERTATION PROCESSING (Protocol number .....  
of ....., if already assigned);
- ☐ INTERNSHIP;
- ☐ STUDY/RESEARCH/EXPERIMENTAL-TEACHING LABORATORY;
- ☐ VOLUNTARY ATTENDANCE.



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To this end, the undersigned

**DECLARES**

- To have received on behalf of the Director of the Department all information regarding safety, prevention and protection measures related to the equipment to be used;
- To respect the safety regulations and the use of personal protective equipment during the activity on Departmental premises, in accordance to the safety regulations and the obligations described in the art. 5 of the Legislative Decree 626/94 and art. 20 of the Legislative Decree 81/2008 and subsequent amendments;
- To be aware of the fact that the insurance coverage, for the entire period of attendance, is guaranteed by the University of Palermo and is the one provided for students;

Palermo, .....

The applicant

The Head of the  
Department Section

The Student  
Supervisor

.....

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**ACCESS AUTHORIZATION TO DEPARTMENTAL FACILITIES**

***Seen, it is authorized.***

The Director Prof. Riccardo Alessandro

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