FORM

REQUEST FOR THE RIGHT TO ACCESS INFORMATION

AND CONSENT FOR THE USE OF PERSONAL INFORMATION

FOR RECORD KEEPING PURPOSES

arheološki muzej u zagrebu
archaeological museum in zagreb

REQUEST FOR THE RIGHT TO ACCESS INFORMATION*

Applicant:

_____

(First and last name, company, i.e. name)

_____

(Address, i.e. residence)

_____

(Telephone) (Mobile phone) (E-mail) (PIN)

CASE: ***Request for the right to access information***

Access to museum material:_____

_____

For the purpose of: _____

_____

Access to museum documentation: _____

_____

For the purpose of: _____

_____

The way in which I would like to access the information (please select):**

☐ Indirect provision of information (verbally) ☐ Access to documentation

☐ Making copies of documentation ☐ Receiving copies of documentation

☐ Other

*In accordance with the Regulations regarding the conditions and the way of gaining insight into the museum material and documentation (Official Gazette, 115/01), the Museum is obliged to keep records of external users who gain insight into museum material and museum documentation.

**The Archaeological museum in Zagreb has the right to compensation for tangible material costs incurred by the applicant in relation to the supply and delivery of requested information in accordance with Art. 19, Par. 2 of the Act on the Right to Access Information (Official Gazette/25/13, 85/15, and in accordance with the price list of services of the Archaeological museum in Zagreb, Number: 1106/14.

CONSENT FOR THE USE OF PERSONAL INFORMATION (GDPR)

I hereby confirm that I have carefully read and understood the Information on the use of personal data, available at www.amz.hr.

By sending this form, endorsed by my signature, via e-mail from the internet address, listed in this form, to amz@amz.hr, via registered mail to the Museum address, or via fax machine to +385 (1) 4873 102, I give my explicit consent for the Archaeological museum in Zagreb to collect and process my personal data exclusively with the aim of recording the persons who have applied for the right to access information and to act in accordance with those requests.

Signature:_____In_____, on_____

(place) (date)

Note: The form can be filled in on the computer before printing and endorsing by signature.