



*Fondazione Giangiacomo Feltrinelli*

**REQUEST TO USE THE GIANGIACOMO FELTRINELLI FOUNDATION'S LIBRARY & READING ROOM**

**First name** \_\_\_\_\_ **Last name** \_\_\_\_\_

**Street address** \_\_\_\_\_

**City, Province or State, Zipcode, Country** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

**Date and place of birth** \_\_\_\_\_

**Profession** \_\_\_\_\_

**Identity document (type/number)** \_\_\_\_\_

**email** \_\_\_\_\_

**Your research topic**  
\_\_\_\_\_

**The reason for your research** (please check box)

- Tesi di laurea (bachelor's degree thesis)
- Tesi di dottorato (doctoral thesis)
- Seminar
- Publication
- Teaching activities
- Other (please describe) \_\_\_\_\_

**Request made by** (please specify the institution you are linked to, if applicable)

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_