

**LA GALLERIA**

**NAZIONALE**

**Consultation Form  
(Institutes's archive – Historical Funds – Bio-Iconographic archive)**

To the Director of the Galleria Nazionale d'Arte Moderna e Contemporanea di Roma

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Role (student, researcher, etc.) \_\_\_\_\_ Home Institute \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ e-mail \_\_\_\_\_

I hereby request to consult the following documents from the: \_\_\_\_\_ Archive  
(specify the archive)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the following purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby declare to have read - and respect - all the points in the "Archives Regulations Form".

Consulters breaching any of the norms in it, may be, in case of serious misconduct, temporarily or definitely excluded from the Archive.

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

The undersigned \_\_\_\_\_ authorises the Galleria Nazionale d'arte moderna e contemporanea to use his/her personal data, as per art. 13-14 of the GDPR (General Data Protection Regulation) 2016/679 – pursuant to art 13 of Legislative Decree 196/2003 for institutional purposes only.

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

**Galleria Nazionale d'Arte Moderna e Contemporanea**

viale delle Belle Arti, 131 — 00197 Roma  
T +39 06 3221015 — F +39 06 3221579  
gan-amc@beniculturali.it — lagallerianazionale.com



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