

Attachment no. 1

to the Storage Room Regulations for Residents of Dormitories
at Poznan University of Medical Sciences.

Poznan, date.....

STATEMENT – proof of depositing personal possessions

I.....(name and surname), student ID number:.....

e- mail address:.....; address:.....

state that I have read and agree to the to the Storage Room Regulations for Residents of PUMS Dormitories, especially that the personal possessions deposited by me, mentioned below:

- do not contain:
 - a) important documents and valuable materials;
 - b) dangerous materials (toxic, poisonous, explosives, drugs, weapon etc.);
 - c) things and substances that may go off, e.g. food; animals, furniture
- I declare to pick up the possessions by, after presenting this document and my ID;
- **I am aware and I agree that not picking up my personal possessions on time may result in destructing them.**

I authorize to pick up my personal possessions.
(name, last name, e – mail)

RECORD OF POSSESSIONS DEPOSITED AND PICKED UP FROM THE STORAGE ROOM:

Name and surname Student ID number	
The Faculty: Year of studies	
Specification of deposited possessions	1..... 2..... 3..... 4..... 5..... 6..... 7.....

	8..... 9..... 10..... 11..... 12..... 13..... 14..... 15..... 16..... 17..... 18.....
Estimated value of the possessions	
Date of taking the possessions to deposit	
Declared date of picking up the possessions	
Signature of the person depositing possessions:	
Signature of the Storage Room Keeper	
Date of the actual pickup of possessions	
Signature of the person depositing possessions	
Signature of the Storage Room Keeper	