



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:, Program,

..... year of studies.....

email address:; address:

.....;

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

- do not contain:
 - a) relevant documents and valuable materials;
 - b) dangerous materials (toxic, poisonous, explosives, drugs, weapon etc.);
 - c) things and substances that may go bad, 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 belongings on time may result in destructing them.**

I authorize
(name, last name, email)

to pick up my personal possessions.

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

Position	Specification of deposited possessions	Number of pieces
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
The estimated value of the possessions [zł]		
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		