



UNIVERSITA' DEGLI STUDI DI MILANO-BICOCCA  
Piazza dell'Ateneo Nuovo, 1  
20126 - Milano

**REQUEST FOR AUTHORISATION TO USE OWN TRANSPORT  
TO REACH THE AIRPORT**

**(to be submitted at the same time as the mission form when requesting authorisation)**

I, the undersigned, ..... registration no. ....  
role..... working for .....  
..... will take part in the following mission: .....  
..... that will take place from ..... to ..... in .....  
request authorisation to use the following transport means (vehicle) .....  
in the name of: .....  
family relationship with the person going on the mission: .....  
model: ..... licence no. ....  
insurance policy no. .... Insurer ..... (*indicate if fully  
comprehensive insurance*) policy expiry date .....

**to get to the airport.**

Consequently, I hereby expressly state that the aforementioned means of transport (vehicle) is in perfect working order and indemnify the Administration from any direct or indirect liability for using it.

The personal details above shall be processed in accordance with the means and limits established by the Privacy Protection Code (Leg. Decree 196/2003)

Milan,

Applicant

.....

The undersigned, noting the exceptional circumstances, the **specific service requirements** and the costs, authorises the use of the applicant's own means (vehicle) for the reason indicated above.

Authorisation granted.

Prof./Dr/Mr/Ms.....