



Instituto de  
Matemática  
Pura e Aplicada

MINISTÉRIO DA  
EDUCAÇÃO

MINISTÉRIO DA  
CIÊNCIA, TECNOLOGIA  
E INOVAÇÕES



## APPLICATION FOR ACCESS TO IMPA'S STUDY ROOM

### PERSONAL DATA

NAME:				PHOTO
ID:	ISSUED BY:	ISSUANCE DATE:	PHONE.:	
ADDRESS:				
E-MAIL:			INSTITUTION STAMP	
AFFILIATION:				
OCCUPATION AT INSTITUTION:				
APPLICANT'S JUSTIFICATION:				
APPLICANT'S SIGNATURE:				

### FOR INTERNAL USE

ISSUED IN:	VALID UNTIL:	CARD #:
AUTHORIZED BY:		

**FOR FURTHER INFORMATION:**  
**(21) 2529-5020 / 2529-5010 / 2529-5034 or E-mail [sadmin@impa.br](mailto:sadmin@impa.br)**