

Declaration of Consent

I

First name, last name

Address

Birthday

Place of birth

hereby give my consent to the University of Passau to

Name of the recipient

Address of the recipient

to transmit the study-related data stored about me (e.g. duration of studies, subject area, subjects, degree, final grade) and to provide corresponding study-related information.

Information may only be provided upon presentation of this declaration of consent in connection with proof of signature (e.g. copy of ID*, driver's license*).

I can revoke the declaration of consent at any time and am responsible for ensuring that the declaration of consent is not passed on to third parties.

If the University of Passau has any queries, I can be contacted as follows:

Phone: _____

E-Mail: _____

Place, date

signature

*(Non-relevant data should be blacked out)