



PERSONAL DETAILS – CONSENT FOR RELEASE TO A THIRD PARTY

STUDENT/GRADUATE INFORMATION

Surname			
First and middle name(s)			
Place of birth (city, country)		Date of birth (dd/mm/yyyy)	
Program of studies		Year of graduation (if applicable)	

CONSENT

I, the undersigned, hereby authorize the Jagiellonian University in Kraków, Poland to make available the above-listed details as well as my credentials to the entity specified below for the purpose of verifying the data in relation to my employment application at the said entity and/or recruitment proceedings.

I acknowledge my right to withdraw the consent at any time.

I agree for the processing of my personal data in the range required for the purpose of issuing the herein requested documentation in accordance with the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 and in accordance with the information clause attached to my consent.

According to art. 13 of the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data (...) ("General Data Protection Regulation") The Jagiellonian University informs that: the Administrator of your personal data is the Jagiellonian University, ul. Gołębia 24, 31-007 Kraków. The Data Protection Officer was appointed at the University. Contact with the Inspector is ensured by e-mail: iod@uj.edu.pl or telephone number (+48) 12 663 12 25. Providing data is voluntary. The recipients of your personal data will be the persons/institutions appointed by you herein. Your data will be stored for 50 years. You have the right to: access your data and rectify, delete, limit processing, transfer data, object to processing, withdraw consent at any time in cases and on the conditions specified in the General Data Protection Regulation. You have the right to lodge a complaint to the President of the Office for Personal Data Protection when you think that your personal data are processed in violation of General Data Protection Regulation provisions



I confirm that I have read and accepted the information above.

THE AUTHORISED THIRD PARTY

Full name	
Address	
Telephone no.	

VERIFICATION

Signature	Date
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Instructions: Please TYPE in all required information. All FIELDS AND THE VERIFICATION SECTION ARE OBLIGATORY. Incomplete forms will NOT be recognized by the JU MC SME. Please return the form to the JU MC by post, e-mail (only pdf format is accepted) or in person to the School Office.

Contact information: Jagiellonian University Medical College, Faculty of Medicine, School of Medicine in English, ul. św. Łazarza 16, 31-530 Kraków, Poland; e-mail: smeoffice@cm-uj.krakow.pl; phone no.: +48 12 422 80 42.