**Consent for the disclosure of personal data by the University of Lodz in order to confirm having a higher education**

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*(name and surname of the person giving consent)*

*………………………………………………………………………………..*

*(date and place of birth of the person giving consent)*

*………………………………………………………………………………..*

*(faculty, field of study)*

*………………………………………………………………………………..*

*(form of studies, year of graduation)*

*……………………………………………………………………………….*

*(diploma number or album number)*

I hereby give my consent for the University of Lodz located on the Street Narutowicza 68, 90-136 Łódź, as the administrator of my personal data in the following range:

* name and surname of the person giving consent;
* date of birth;
* place of birth;
* form of studies (full-time / part-time studies; first-cycle / second-cycle studies, unified master's studies)
* study programme;
* Faculty (name)

The entity ………………………………………… (the full name and address of the entity) in order to ……………………………………………………………………………….……………………………………………………………….

………………………………………………………………………………………………………………………………………………..

In the form of a certificate issued by the University of Lodz confirming the possession of higher education and sending it to the address………………………………………………………………………………….

The consent can be withdrawn, corrected or changed at any time. Withdrawal of consent will not have any effect on data processed before its withdrawal.

The processing of personal data is carried out on the basis of art. 6 (1) (a) a Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46 / EC (General Data Protection Regulation)

……………………………..………………………………………………………

*(date and legible signature of the person giving consent)*