**Registration of personal data \*****Zał. nr 1a**

*Fill in capital letters*

1. Name ………………………………………………………………………..
2. Last name .........................................................................................

Graduate Sudent other

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2. Pesel

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|  |  |  |  |  |  |  |  |  |  |  |  |  |

Passport numer\*\*

Date of birth\*\* \_ \_ - \_ \_ - \_ \_ \_ \_ Sex\*\* F  M

3. Temporary address Permanent address (if another)

- postal code, post office …………………………….. ………………….……………………………………..

- city ………………………………………………………….. ………………….……………………………………..

- street ………………………………………………………. …………………. ……………………………………..

- house number / place ……………………………….. …………………..……………………………………..

- commune/district ……………………………………... ………………….……………………………………..

- county ………………………………………………….….. ………………….……………………………………..

- province ……………………………………..……………. ………………….……………………………………..

- country …………………………………….……………... ……………………..…………………………………..

4. TAX OFFICE \*\*\*…………………………………………………..…………………………………………………………

5. Bank account number …………………………………………………………………………………………………….

**Declaration**:

**I hereby agree** for processing my personal data, included in this form – for the purpose of settlements with the Wroclaw University of Science and Technology.

**I also declare** that as defined in the Act of August 29, 1997 on the Protection of Personal Data (Journal of Laws of 2014, item 1182, with amendments) I have been informed that:

1. Administrator of personal data provided by me is Rector of Wroclaw University of Science and Technology, a public university, located at Wybrzeże Wyspiańskiego 27 in Wroclaw;
2. My personal data are made available to the Wroclaw University of Science and Technology and are processed in information systems in purpose of settlements:
3. I acknowledge that I have the right to access and rectify abovementioned personal data;

I understand and acccept that the Wroclaw University of Science and Technology will not be held and will not incur any future liability for false/incorrect data provided by me

……………………………………………… ………………………………………………………………………

Signature of the person concerned The signature of the person authorized by the administrator to  
                                                                                            data processing - ie. the person receiving the statement

\* It applies to non-employees of Wroclaw University of Science and Technology

\*\* Obligatory for a foreigner

\*\*\* Please fill in case of taxable settlements