

.....  
Student's name and surname

.....  
Field of studies/major

.....  
Student number (in University of Lodz)

## AUTHORIZATION

### To process and share my personal data

I hereby authorize the University of Lodz to process and provide my personal data (according to the Polish Data Protection Act of August 29, 1997, with further amendments) regarding:

- **all the information related to the course and outcome of my studies at the University of Lodz;**
- **other information\***.....

to:

.....  
.....  
(full name of the organizational body, institution or company)

located in:

.....  
.....  
(address of the organizational body, institution or company)

.....  
date and student's signature

\* *delete as appropriate*