# Registration form for students applying for support from the Office for Students with Disabilities, Lodz University of Technology

## PERSONAL DATA

1. Name:
2. Mobile:
3. e-mail:

## STUDY INFORMATION

1. Faculty:
2. Study programme:
3. Year of studies:
4. Student number:

## TYPE OF ASSISTANCE NEEDED

 /Date/ /Signature/

…………………………………..

 Date and signature of the officer

**Information clause**

1. According to Article 13 paragraph 1 and 2 of the Regulation of the European Parliament and the Council (EU) 2016/679 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 the Directive 95/46/EC (general regulation on data protection), Official Journal of the European Union. L 2016.119.1, the Office for Students with Disabilities of TUL hereby informs that:
2. Lodz University of Technology is the administrator of personal data of the Student, the address of its headquarters being: 116 Żeromskiego Street, 90-924 Łódź.
3. The administrator has appointed a Data Protection Officer, e-mail: rbi@adm.p.lodz.pl, tel. 426312039.
4. Personal data of the Student shall be stored for the period necessary to complete the purpose of processing.
5. The Student has the right to request the administrator to access personal data, rectify it, delete or limit processing and the right to object to the processing, as well as the right to the data transfer.
6. The Student has the right to lodge a complaint to the supervisory body, in Poland it is the President of the Office for Personal Data Protection, the address of its registered office being: 2 Stawki Street, 00-193 Warsaw, if she/he finds that the processing of her/his personal data violates the provisions of the regulation indicated at the beginning.
7. Providing personal data by the Student is required by the relevant statutory laws.
8. The decisions taken in relation to the Student’s personal data will not be taken in an automated manner, and no profiling shall be applied thereto.

**I confirm having read the information**

 /Date/ /Signature/