**AUTHORIZATION**

**TO CONTACT IN EMERGENCY SITUATIONS**

**CONCERNING A STUDENTS PARTICIPATING IN THE EXCHANGE PROGRAMME**

I, the undersigned (name and surname)…….…..…………………………………………………………

**hereby authorize**

Mr/Ms (name and surname) ......................................................................................................................

to receive in emergency situations information concerning me, particularly in the case of any threat to my life or health, during my participation in the exchange studies at the Jagiellonian University in Kraków.

Contact details of the authorized person:

Phone number……………………………………………………………………….…………................

e-mail address…………………………………………………………………………………………….

............................................................ ............................................................

 (place, date) (principal’s handwritten legible signature)

**STATEMENT OF CONSENT**

**TO PROCESS PERSONAL DATA**

In relation to the authorization hereinabove, I, the undersigned (name and surname) ……………………………………………………………………………………………………………

hereby agree to processing my personal data in order to contact me in emergency situations concerning Mr/ Ms (name and surname) ……………………………………………………… ………………………………….., particularly in the case of any threat to his/her life or health.

I also declare that I understand that:

1) the administrator of my personal data is the Jagiellonian University in Kraków, ul. Gołębia 24, 31-007 Kraków, Poland;

2) my personal data will not be disclosed to third parties;

3) disclosure of personal details is voluntary;

4) I have the right to access my personal data and to correct it.

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

 (place, date) (authorized person’s handwritten legible signature)