

MEDICAL UNIVERSITY - SOFIA	DATA SUBJECT CONSENT FORM	Ver. 01 / 2018-05-08
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DATA SUBJECT CONSENT FORM

I,

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/ data subject name /

am hereby consenting that MEDICAL UNIVERSITY – SOFIA can process the following personal data:

PIN, three names; copy of identity card; Permanent residence; Phone, Email, Place of Birth, Citizenship, Family Status, Photo, Signature, Curriculum Vitae, Copies of Diplomas, Health Status, Bank Accounts, Family Members

for the purpose of

- Education activities
- Taking exams
- Scientific activities
- International exchange
- Carrying out practices, internships
- Publication of exam results on the University / Faculty website
- Granting scholarships
- Visiting the University / Faculty Library
- Issuing assurances, references and certificates
- Issuing of diplomas and European Diploma Application
- Accommodation in a dormitory

I am aware and I was informed that I may withdraw my consent, only in respect of the personal data which does not affect the lawfulness of the processing, at any time by using the “DATA SUBJECT CONSENT WITHDRAWAL FORM,” either by sending it via email at dpo@mu-sofia.bg or by post on the following address: 15 Acad. Ivan Geshov blvd., Sofia, Bulgaria, Data Protection Officer

.....

/ data subject name /

Signature:

Date:
