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| **Completion of this statement is mandatory****for all students** |  **Privacy statement** |

**Name, birth name:** ……………………………………………………………………**Neptun-code and Faculty**:……………………………………………

**Place and date of birth**………………………………………………………………**Mother's name:** ……………………………………………………..

**I consents to processing of my undermentioned personal dates by University of Miskolc (Ins. code: FI87515):**

**Phone number: yes/no**

**E-mail address: yes/no**

**I consents for University of Miskolc to disclosure my phone number and e-mail address with Information System of High Education by transmission: yes/no.**

**I consents for University of Miskolc to inform and notify me about information and notifications related to my studies by my phone number and e-mail address: yes/no.**

**I consents for University of Miskolc to contact me in order of other organization: yes/no.**

**By signing the present privacy statement, I declare that I was acquainted and after reading I understood the general prospectus about processing of personal and specific dates by University of Miskolc.**

In Miskolc, 20…... (year) ………………………(month) ….. (day)

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signature of student

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signature of student