



## **International Scholar Services**

Personal d	etails			
Surname Firstnam Nationali Date of b E-Mail 1 E-Mail 2	ity	Male	Divers	
Details abo	out your stay at H	umboldt-Universität zu	Berlin	
Duration Arrival da Host depa Academic	artment			
Details abo	out your family			
Will you Yes	be accompanied by Spouse	your family? Children (indicate r	number)	No
Home inst	itution/previous	institution		
Name of City/Cou	home/previous ins	stitution		

## Declaration of consent for data storage

I agree that data about my stay and contact data may be stored and used by the International Scholar Services for advice consultation purposes and for the purpose of first contact. Data saved about me will be processed exclusively by the ISS and will not be passed on to third parties without my consent or without a legal basis.

I also agree to my data being transferred to parties within the Humboldt-Universität, to the extent that this is necessary for the processing of my intended or assigned procedures/services at the International Scholar Services.

I have been informed that the data will be deleted two years after my stay at the Humboldt-Universität zu Berlin by the International Scholar Services.

This consent is freely given and it can be revoked at any time with effect for the future. Data will then be deleted. An advice consultation or support from the ISS is then only possible to a limited extent.

Place, Date	Signature

Please send this form by e-mail to: int.scholars@hu-berlin.de