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Surname _____

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residence _____

Date of birth _____

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address _____

Place of work _____

Occupational
position _____

I hereby agree to the processing of my personal data (such as the first name and surname, age, residential address, phone number and email) by Medical University of Gdańsk based in Gdańsk, Marii Skłodowskiej-Curie 3A, 80-210 Gdańsk in order to provide services by the Main Library of the Medical University of Gdańsk, according to the general regulation on the protection of personal data. Providing authorisation to process personal data is voluntary. I understand that this authorisation may be revoked at any time by submitting a declaration of intent in this respect (the withdrawal of authorisation does not in any way affect the lawfulness of the use of my personal data before the withdrawal of such authorisation).

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signature