EEBL Consent Form: Exchange of Personal information

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| This consent form relates to the personal information about: (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date of birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who has the capacity to provide consent for the exchange of personal information. |
| I, (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent for the Master of Science Degree in European Economy and Business Law to disclose the following information on the programme’s website:   * Name * Address * Phone number * E-mail address * Current job title * Photo and/or video   to the general public for the purpose of sharing personal achievements and reconnecting with fellow alumni of EEBL. To this effect, I am attaching my current CV and recent photo for publication on the EEBL website. |
| This consent is valid from (insert date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be valid until I provide a written request to withdraw consent.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This consent FORM SHOULD BE SIGNED AND SENT TO [MSC\_EEBL@ECONOMIA.UNIROMA2.IT](mailto:MSC_EEBL@ECONOMIA.UNIROMA2.IT) . |