załącznik nr 2a do Regulaminu studiów Uniwersytetu Medycznego w Lublinie z dnia 22 kwietnia 2026 roku

Appendix No. 2a to the Rules of Study

The student’s consent form

Name of the submitter .....
Field of study .....
Year of study ..... Group .....

I give my consent/do not give my consent* to the head of the year to provide personal data concerning me in the following areas: album number, examination result/number of points received*.

Date and legible signature of the person making the declaration
.....

The administrator of the data is the Medical University of Lublin. Completion of the consent form is voluntary. Consent can be withdrawn at any time by notifying the instructor. Withdrawal of consent is equivalent to the cessation of processing of personal data, at the same time it does not affect the actions taken before its withdrawal.
The declaration will be kept in the student's file for the time prescribed by law or until the consent is withdrawn. Each data subject has the right to access, rectification and modification of data, as well as deletion, restriction of processing and objection as to data processing and the right to data portability, and has the right to lodge a complaint with the supervisory authority.

*delete the unnecessary

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Form for withdrawal of consent by a student

I .....
Field of study .....
Year of study ..... Group .....

I withdraw my consent to transfer to the person who is the head of the year the personal data concerning me in the scope of: album number, examination result/number of points received*.

Date and legible signature of the person making the declaration
.....

*delete the unnecessary