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(Place and date)

PARENT OR LEGAL GUARDIAN * CONSENT FORM

Application for an accommodation at the SGGW dorms (halls of residence)

BY A MINOR

(Please fill in with CAPITAL letters)

I give my consent for my **minor child/ a child under my parental guardianship*** to apply for accommodation at the SGGW dorms (halls of residence):

Minor's First Name and Surname (as it appears in the passport)	Date of Birth (dd-mm-yy)	Minor's ID document/passport* (serial no)

I have read and understood the current Rules and Regulations of the Warsaw University of Life Sciences student dormitories (Halls of Residence).

I hereby consent to collect, process and use my data to process my application for accommodation at the SGGW halls of residence. I also acknowledge that my data controller is Warsaw University of Life Sciences, with its registered office at Nowoursynowska 166, 02-787 Warszawa, and I have rights to access and correct my data. Please be informed that providing data is voluntary but necessary to process the inquiry.

Parent/ Legal Guardian*:

Name and Surname (as it appears in the passport)	Contact telephone number:	ID/passport (serial no.)	Place of permanent residence (street, house, city, postal code, country):

** delete as applicable*

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Parent/ Legal guardian signature