

DATA SHEET

for ÖH staff members

First name:	Family name:
Address:	
Phone:	Mail:
Date of birth:	Matriculation number:
Field(s) of study:	
rielu(s) of study	
BIC:	BAN:
Tax number (if known):	
DECLARATION OF CONSENT	
The specified personal data, in particular name, address, telephone num field of study and function within the ÖH are recorded in the course of the internally for logging of the activity or for the purpose of carrying out the	neir work with your consent and collected, stored and processed
authorizations. Your data will only be passed on to third parties (AAU Kla agency), provided that this is done by you or is required by law. In accom-	ngenfurt, ÖH federal representation, tax office, social insurance
contact the ÖH Klagenfurt, represented by the respective chairperson, a about you. According to Article 17 GDPR you can request the correction	t oeh.vorsitz@aau.at, to request information about the data stored
I take note of this and I consent to my data being stored and further processed internally by the ÖH.	
Date, Signature:	
Function(s):	••••••
Period of time filled in by ÖH:	
from:ul	ntil: