

.....
Date, place

Dean of the
Faculty of
Medical University of Warsaw

.....
Name and surname

.....
Student's number

.....
Faculty

SHARING OF PERSONAL DATA

in order to download information from the Sexual Offender Register

I, the undersigned
declare that I do not possess a qualified electronic signature and do not have the possibility to
create a Trusted Profile.

In view of the above, I hereby make my personal data available below in order for the Medical
University of Warsaw to retrieve from the Register of Sexual Offenders - Register with Restricted
Access and the Register of Persons for whom the State Commission for the Prevention of Sexual
Exploitation of Minors under the Age of 15 has issued a decision on entry in the Register,
maintained in the ICT system by the Minister of Justice - Information with regard to my person as
a student of the Medical University of Warsaw in connection with the obligation, resulting from the
study programme, to undergo practical classes and professional internships in medical or
educational institutions where minors are patients or wards. I acknowledge that the collection of
Information from the above-mentioned registers and their retention in the student's file results
from the legal provision of Article 21 of the Act of 13 May 2016 on Counteracting the Threat of
Sexual Offences and the Protection of Minors (i.e. Journal of Laws of 2024, item 560). I
acknowledge that the Medical University of Warsaw will process the personal data provided below
and the personal data resulting from the certificates collected, for the purposes described above.

First name

Surname

Family name

Pesel (if applicable)

Date of birth

Father's name

Mother's name

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Signature