



Declaration of Consent to Handing Over Personal Data to a Representative

For the collection of the documents, we require an official identification document or at least a legible copy of it from both you and your representative.

I (represented person)

Last name: _____

First name: _____

Student ID number: _____

consent to the Examination Office handing over my degree certificates to the following person (representative):

Last name: _____

First name: _____

Date of birth: _____

Place of birth: _____

Street: _____

ZIP code, city: _____

I am aware that I give my consent voluntarily and that I can refuse to consent or withdraw my consent at any time without having to state any reasons. I have understood that in order to withdraw my consent, I can turn to the Student Service and Examination Office (uni-stuttgart.de/studentenservice).

City, Date

Signature student (represented person)