

## Consent for Release of Information (Contact Point for Studying with Disability)

I, \_\_\_\_\_ (first and last name),  
born on \_\_\_\_\_, hereby release the follow-  
ing persons from the obligation to maintain confidentiality in  
accordance with § 203 StGB:

- ☐ I release the team members of the Contact Point for Study-  
ing with Disability (KSB) at Saarland University from  
their obligation to maintain confidentiality regarding my  
case towards each other.
- ☐ I release my adviser \_\_\_\_\_ (first  
and last name) and their representatives within the KSB  
team from the obligation to maintain confidentiality re-  
garding my case towards the following persons or institu-  
tions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The release from confidentiality applies to the following pur-  
pose/contents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The release from confidentiality applies on a revocable basis un-  
til (delete as appropriate):

The end of my studies at Saarland University on the following  
date: \_\_\_\_\_

I am aware that the submission of the release form is a voluntary  
action, and that I may revoke it in writing at any time, however  
not with retroactive effect.

\_\_\_\_\_  
Place, date, and signature

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