

## Consent to release from confidentiality

Name:

Date of birth:

KSB consultant:

I hereby release the Contact Point for Studying with Disability (KSB) from the obligation to maintain confidentiality (in accordance with § 203 StGB) regarding my case towards the following persons or institutions:

The release from confidentiality applies to the following purposes/contents:



### Stabsstelle Chancengleichheit und Diversitätsmanagement

Kontaktstelle Studium und Behinderung

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UNTERZEICHNET

The release from confidentiality applies revocably until:  
(please tick)

the end of my studies at Saarland University

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.

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Place, date

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Signature