Authorization Form

I [First and Last Name[1]]

_____

born on [Date of Birth[1]] _____ in [Place of Birth[1]] _____

residing at [Address[1]]

_____

application registration number[2] [DAB202x/xxx / LN202x/xxx] _____

hereby authorize Mr./Ms. [First and Last Name[1]][3]

_____

born on [Date of Birth[1]] _____ in [Place of Birth[1]] _____

residing at [Address[1]]

_____

to obtain comprehensive information from the Central Office for Foreign Education (ZAB) regarding my application(s) and to carry out all actions and make all declarations necessary in connection with my application(s) on my behalf. This authorization is valid until it is revoked.

_____

(Place, Date) (Signature of principal)

_____

(Place, Date) (Signature of authorized representative)

Note: By submitting this authorization form to the Central Office for Foreign Education (ZAB), you consent to the processing of your personal data in accordance with Art. 6 para. 1 lit. a GDPR. The information provided above will be stored for a period of 6 years and then automatically deleted. According to Art. 7 para. 3 sentence 1 GDPR, you have the right to withdraw your consent to data processing at any time with effect for the future. Further information, including your rights regarding data processing, can be found here: https://zab.kmk.org/en/privacy

[1] Personal information as stated in the identification document
[2] If an application has already been submitted
[3] If the authorized representative is an agency/company, please indicate the company name.