Appendix to the Agreement ……………………..

Appendix no. 4 to PK Rector's Ordinance No 30

of the PK Rector from 21 May 2018

Application

**for issuance of authorization or entitlements to process personal data at the Tadeusz Kościuszko Cracow University of Technology**

|  |  |  |
| --- | --- | --- |
| Data of authorized person | | |
| First name: | | Surname: |
| Subject of Agreement |  | |
| Symbol of PK organizational unit ordering/assigning | | |

|  |  |  |
| --- | --- | --- |
| Area of data processing | Address: | |
| Building | Room/premise | Telephone  of authorized person |

**Scope of authorization:**

1) name of personal data set**: ....................................................................................................................................**

Scope of entitlements to process personal data:

- in documents in material form (hardcopy)

• Data readout\* • Data modification\* • Data recording\* • Storing\*

- in IT system, data processed in the application called: ....................................................................................

• Lack of access\* • Data readout\* • Entering data of new persons\* • Data modification\* • Printing\*

\*Selection of entitlements - delete as appropriate

**I apply for authorization and entitlements to process personal data**

**from....................................to...........................................**

...........................................................................

Date, stamp, signature of applicant

**I authorize processing of personal data as per the above application**

...................................................................................

Date, stamp, signature of Local Personal Data Controller

(respectively: Prorector, Dean, Chancellor, PK Library Director) or Rector

**I accept authorization and scope of entitlements**

.....................................................................

date and signature of authorized person

*Statement on the back must be filled out*

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

*The below table is to be filled out by* ***ASI*** *on the document designated for Information Safety Administrator*

**Confirmation of issuance of entitlements by the IT System Administrator (ASI)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Name of IT System application | User Identifier | Eligible ASI signature |
|  |  |  |  |
|  |  |  |  |

**1/2**

# Statement

I, the undersigned,...........................................................................

First name and surname

hereby declare that I am familiar with the provisions of law concerning protection of personal data and, in particular, Regulation of the European Parliament and Council (EU) 2016/679 from 27 April 2016 on the protection of natural persons in relation to the processing of personal data and on the free flow of such data and repealing Directive 95/46/EC / General Data Protection Regulation (GDPR) / (Official Journal of EU from 4 May 2016 No. 119, p.88) and Ordinance No. 30 of the Rector of PK from 21 May 2018 on protection of personal data at the Cracow University of Technology, PK Personal Data Protection Policy and IT System Management Manual targeted at processing of personal data at PK.

I undertake to maintain confidentiality of all information and, in particular, personal data and methods of their securing to which I have or will obtain access pursuant to the processing of personal data by the Cracow University of Technology with its registered seat in Cracow at 24 Warszawska Street.

I undertake to abide by the provisions of law, ordinances, safety policies, manuals and procedures in place at the Cracow University of Technology related to the protection of personal data and, in particular, with the protection of data processed in sets or outside of sets in IT systems and furthermore that I shall not process such data without prior authorization.

I acknowledge the fact that acting contrary to the above commitments may cause permanent deprivation of access to personal data processing and even criminal liability and civil liability related to potential breaching of the provisions of law.

..........................................................................................

date and signature of person submitting the statement authorized person)

..........................................................................................

Signature of the applicant

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

***This Application is elaborated in original versions designated for:***

1. *Parties of the Agreement, including the person authorized, as an appendix to each agreement copy,*
2. *Personal Data Protection Inspector (organizational unit PK R-5)*

**2/2**