

## CONSENT FORM

With my signature, I give my consent that institutions and public organisations (for example: University of Kassel, Health insurance companies) are allowed to give information about me to AKIS.

Moreover, I was informed that information about me may be shared within the working team dealing with my AKIS application. (AKIS is represented by: *Studierendenwerk der Universität Kassel, International Office Universität Kassel, Kath. Hochschulgemeinde Kassel-Witzenhausen, Evangelischen Studierendengemeinde Kassel and Evangelische Studierendengemeinde Witzenhausen.*)

*Place and date/signature*