

Agreement to the Publication of my personal data on the Internet

► After completion, please hand this form over to your local personal data administrator.
See the list of data admins at <https://www.uni-marburg.de/de/hrz/dienste/personenverzeichnis/pdb>

An den/die Personaldaten-Beauftragte/n

- ◀ Name(s) of data admin(s)
- ◀ Organization
- ◀ Faculty / Department
- ◀ Institute / Division (if any)
- ◀ Street, House no.
- ◀ Postal code, City

Hochschulrechenzentrum

Abteilung Zentrale Systeme

Identity Management

Phone: 06421 28-28282 (IT-Servicedesk)

Fax: 06421 28-26994

Email: personaldaten@hrz.uni-marburg.de

Address: Hans-Meerwein-Straße 6
35032 Marburg

Web: <https://www.uni-marburg.de/de/hrz/dienste/personenverzeichnis>

What is the purpose of this form?

- **On the University's intranet**, all **office contact data** of all people working at the University is accessible through an online directory (see *People* or *People Search* on the University's website).
- **The publication of office contact data on the world-wide internet** or of **photos** or **further personal data**, however, usually requires your written permission. A representative at your faculty or department will accept this form and set the visibility options within the people directory accordingly.
- **An exception to this** are **professors and lecturers**. As negotiated with the Philipps University's data protection officer, their office contact data will generally be published on the worldwide internet, even without their explicit consent.

– Please fill out this form using Adobe Reader (or similar) on the screen before printing –

1 Personal details (requestor) *according to official identity document	► Please fill in all details completely! The agreement will be archived and must unambiguously refer to the here mentioned person.
Salutation <input type="checkbox"/> Hello <input type="checkbox"/> Ms / Mrs <input type="checkbox"/> Mr Title _____ Last name* (<i>family name</i>) _____ First name* (<i>given names</i>) _____ Preferred name (if any) _____ Date of birth* (DD.MM.YYYY) ____ . ____ . _____ Preferred language <input type="checkbox"/> Deutsch <input type="checkbox"/> English Birth name* (if different) _____	
2 Department details	► Which department should I specify? If you are working for multiple faculties or departments, you must complete multiple forms.
Employer <input type="checkbox"/> Uni Marburg <input type="checkbox"/> Associated institution _____ Faculty / Department _____ Institute/Field/Group/Division _____	
3 Publication of my data on web pages and in printed directories	► Please check your desired options. An unchecked option, as well as a non-existing agreement, will be understood as disagreement.
I hereby <input type="checkbox"/> grant permission <input type="checkbox"/> disagree to publish my office contact data (address, position, organization / suborganization, phone number, fax number and email address) on the world-wide Internet . <input type="checkbox"/> grant permission (world-wide) <input type="checkbox"/> grant permission (only internally) <input type="checkbox"/> disagree to publish a photo of me along with my office contact data. <input type="checkbox"/> grant permission <input type="checkbox"/> disagree to publish my private contact data (address, phone numbers, and possibly email address) on the world-wide Internet . <input type="checkbox"/> grant permission <input type="checkbox"/> disagree to publish my private contact data (address, phone numbers, and possibly email address) in the University's printed staff directories .	► For group photos , the HRZ's CMS team offers a separate consent form, see https://www.uni-marburg.de/de/hrz/dienste/web-auftritt/redaktionsleitfaden/hinweise/rechtliches
4 Confirmation by requestor The requestor hereby asks the personal data administrator(s) to implement the aforementioned changes. _____ City, Date Name of signee (readable) Signature	