



AUTHORIZATION AND USE OF PERSONAL INFORMATION

In compliance with privacy laws on the detention and the processing of personal information, the applicants are invited to complete and sign the present authorization statement and e-mail it, duly scanned, to School Selection Manager (see address at bottom of page).

School's Name and City : _____.

Principal Name : _____.

The undersigned, duly authorized to represent the school (or youth organization), gives permission to the ARISS organization for the processing and use of data related to and needed for the setting up of an educative ARISS radio contact, provided care be taken that the data will not be made available to other parties, accordingly to the applicable law.

Moreover, the undersigned gives permission to the ARISS organization for publishing the school's ARISS related educational project on the ARISS website, provided no personal data be made available, except the school's address, e-mail and phone number.

Date : _____ Signature : _____.

Participants

Accordingly to the applicable law, the undersigned give permission to the ARISS organization for the processing and use of their personal data related to and needed for the setting up of an educative ARISS radio contact, provided care be taken that the data will not be made available to other parties.

Coordinating Teacher Name : _____.

Date : _____ Signature : _____.

Public Relations Contact Person Name : _____.

Date : _____ Signature : _____.

Amateur Radio Operator Name : _____.

Date : _____ Signature : _____.

This form, completed, scanned, shall be e-mailed to: school.selection.manager@ariss-eu.org