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**AUTHORIZATION AND USE OF PERSONAL INFORMATION**

**In compliance with privacy laws on the detention and the processing of personal information, the applicants shall complete and sign the present authorization statement and submitted, duly scanned, to the ARISS School Selection Manager.**

*Educational Host Organization (section 1.1)*

|  |  |
| --- | --- |
| Organization Name |  |
| City |  |
| Principal / Legal Responsible 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.

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.

*Organization Main Point of Contact (section 1.2)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Principal/Legal Responsible (section 1.3)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Coordinating Teacher (section 1.4)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Public Relations Contact (section 1.5)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Local Amateur Radio Point of Contact (section 1.6)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Assisting Local Amateur Radio Club (section 1.7)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Additional Point of Contact (section 1.8)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

*Live re-transmission or webcast coordinator during contact (section 7.1)*

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

**NOTE: Only these (2) pages of authorization form (completed and scanned) shall be submitted in pdf file jointly the application form.**