



UNIVERSITÄT LEIPZIG

(Examination result in subject) on (examination date)

Data Protection Statement

Last Name, First Name

Leipzig University (Faculty _____) is offering students the opportunity to either take regular examinations at a later point in time or to take the above examination via video conference during the coronavirus pandemic. To this end, the participants' personal data (visual image, voice, name, IP address and email address) will be processed. Personal data will also be used for communication purposes.

The video conference will not be recorded. Documentation of the examination for procedural purposes remains unaffected.

You are not allowed to record the video conference.

The video conference will take place exclusively using (name a service: e.g. BigBlueButton, Skype for Business or Jitsi).

The examination will only be conducted via video conference if you voluntarily agree to the following:

Consent to the processing of personal data can be withdrawn at any time. In this case, corresponding data may no longer be used for the purposes stated above and must be deleted immediately. Any withdrawal will not affect the lawfulness of the data processing carried out before the withdrawal. If consent is not withdrawn, it is valid for an unspecified period of time, but not longer than the end of university membership. Consent is voluntary. No disadvantages will result from the refusal or withdrawal of consent.

I hereby agree to the terms of the examination via video conference as described above barring a decision to withdraw consent.

Place, Date _____

Signature

Please send the data protection statement with a scanned signature to (e.g. the examination board). Any withdrawal of consent should also be sent to (e.g. the examination board).