

Registration for the use of the library for doctoral students of the Hannover Medical School

Mrs.	Mr.	Doctoral degree sought
Name:		First name:
Date of birth:		
Address (priva	te):	
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Email:		
Phone:		
J		ersion of the Library Regulations of the Medical School (MHH). I am uss on my access data (user name and password) to third parties.
I agree that the	e library ma	ay collect, store and process the personal data concerning me for the
purpose of pro	viding serv	vices within the scope of the library's tasks.
sed to the libr	ary verba	ary and can be revoked at any time. The revocation can be addres- ally or in writing (by e-mail, fax or post). I can obtain information about me at any time.
After receipt of	the cance	ellation, if the library no longer has any claims against me arising from
	•	there is no other legal reason for storing the data, the data in question
will no longer b	e process	ed or deleted. The library card must be returned.
		
Date/Signatu	ire	