

Accommodation form for overnight stay in resident's room

.....
(Place, date)

.....
(Resident's name and surname)

Student Dormitory No.:..... Room:.....

Head of the Student Dormitory
.....
.....

I would kindly like to request a permission for an overnight¹ stay of a visitor in a resident's room on days:
for.....
Type and ID number:

Statement

I take note of the following information resulting from the information obligation pursuant to Article 13 of the RODO² Regulation:

- 1) The Administrator of Personal Data is Medical University of Silesia in Katowice – ul. Poniatowskiego 15, 40-055 Katowice, phone number: 32 208 36 00, NIP: 634-000-53-01, REGON: 000289035;
- 2) The current contact details of the Data Protection Officer can be found at tel. 32 208 36 30 or e-mail address: iod.sum.edu.pl;
- 3) Personal data is processed for the purpose of providing accommodation services on the basis of the Resolution No. 134/2008 of 09.12.2008, as amended, on the introduction of the "Regulations DS of the Medical University of Silesia in Katowice".
- 4) Recipients of personal data are the employees of the Medical University of Silesia in Katowice, who are responsible in terms of content, and who are authorised to process personal data. Recipients of data may also be SUM contractors providing services, in particular in the field of protection of persons and property, and other public bodies which will apply for a legally justified request to provide access to personal data.
- 5) The transfer of personal data from SUM to a third country will be preceded by a request for consent to the extent requested.

¹ Everyday from 10:00 p.m. to 8:00 a.m., on Fridays and Saturdays from 12:00 a.m. to 8:00 a.m.
² **GPDR Regulation** (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation)

- 6) The data will be stored for a period of 5 years - in accordance with the Office Instruction for the Medical University of Silesia in Katowice.
- 7) You have the right to request the Medical University of Silesia in Katowice to access, correct and delete your personal data or restrictions on processing, as well as the right to object to processing and the right to data portability.
- 8) You have the right to withdraw your consent at any time without affecting the lawfulness of the processing that was carried out on the basis of your consent before it was withdrawn.
- 9) You have the right to file for a complaint against the processing of personal data with the supervisory authority.
- 10) The provision of personal data is an essential requirement for regulating the financial aspects of the accommodation service as well as ensuring the protection of persons and property. Failure to provide personal data will make it impossible to complete the night's accommodation.
- 11) There is no automated decision making with regard to the processing of the personal data provided.

In case of insufficient understanding of the meaning of the above mentioned content, it is possible to obtain information by contacting the Data Protection Officer, whose contact details are available on the website <http://iod.sum.edu.pl> and under the phone number 32 208 3630.

The undersigned declare that the contents of the obligation to provide information pursuant to the RODO Regulation Article 13 is understandable to them.

The undersigned declare that they have read the Regulations of Student Dormitory of the SUM and undertake to respect it. Moreover, they take full responsibility for damages resulting from the presence of the above mentioned person on the Student Dormitory area.

The undersigned give their consent to the processing of their personal data by the Medical University of Silesia in Katowice with its headquarter at 15 Poniatowskiego Street in Katowice, in order to provide accommodation services.

Visitor's signature	Resident's signature
The permission of co-residents (legible signatures)	

The permission of the administration/Head of the Resident's Board or his/her Deputy:

.....
(signature)

.....
(signature)

The payment in the amount (PLN) was made (proof of payment is enclosed).