**Transfer of personal data from Aarhus University to receiver**

*The form must be filled out and signed by the receiver of personal data and the data controller.*

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| **Declaration of transfer of personal data**  |
| [Name and title of Recipient][Address] [CVR. no.](Hereinafter ”Recipient”) |
| [Name and title of Data Controller][Address] CVR. no. 31119103(Hereinafter ”AU”) |
| **Recipients Project Title:**[The title of the project] |
| **The purpose of Recipients Project:**[Please provide a short description of the purpose of the project] |
| **AU Identification no.:** [xxx] |
| **Recipient hereby confirms by signature:***(please tick the box for each of the statements you agree with)** that the specific personal data are necessary for a research project
* that the data will be used solely for statistical of scientific purposes
* that the personal data will be erased, anonymized or destroyed at the end of the study
* that the recipient will obtain permission from the Danish Data Protection Agency before any subsequent disclosure of these personal data to third parties
* that the dissemination of the results will take place in a way that does not reveal the identities of individuals
 |
| **Signatures**Date:[Name and title Recipient]Date:[Name and title of authorized signatory from AU] |