**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] |