



**STUDIERENDENWERK
STUTT GART**

**Psychotherapeutic Counselling -
Employees of the
University of Stuttgart**

Name:

Faculty / Institute / Department:

.....

Phone number: business:

private:

Your registration and advice will be treated as strictly confidential. The psychologists are subject to confidentiality.

I agree to the collection and processing of my personal data for the purpose of consulting. Consent also refers to other categories of data, such as health data. I can revoke my consent at any time – with effect for the future.

I have received the leaflet "Data Protection Information".

.....
Date

.....
Signature

Note: Please sign this document by hand and upload it scanned into our download section or send it by post!