Application for project-data storage

! Please fill in in block letters !

Facility/Department/Clinic: ____________________________________________

Cluster of excellence: _________________________________________________
(If you belong to one)

Head of the facility/project: ____________________________________________ Tel.: __________

1. A project-data storage shall be established with:

NAME of the project PASSWORD

(e.g. samba.YOURdomain.uni-kiel.de\EXEMPLARYproject)

2. Responsible for allocation of the access privileges shall be:

________________________________________ Name ____________________________

________________________________________ phone ____________________________

________________________________________ E-mail address ____________________

3a. The following already existing SAMBA-accounts shall get access:

<table>
<thead>
<tr>
<th>User account</th>
<th>read</th>
<th>write</th>
</tr>
</thead>
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<th>write</th>
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3b. For new SAMBA-accounts use Form 1 (article 4).

4. PERSONAL DATA may only be processed and saved after written approval.

5. Using permission is granted until February 15th of the following year if not arranged otherwise. If permission isn’t extended, all saved data will be DELETED by September 30th.

6. Personal data given in this form will be digitally processed and saved. By signing this form you give your permission to do so.

Kiel, date: ____________________ Signature head of facility/project ____________________

responsible person