

(This form may be printed and reproduced; the signed original will always be recognized at the data center!)

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.deEXEMPLARYproject)

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:

User account	read	write	User account	read	write
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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