



Surname, first name	
Street	
Place of residence	
Phone number	
E-mail address	

Filmuniversität *Babelsberg*
„KONRAD WOLF“
Geschäftsstelle des Promotionsausschusses
z.H. Dr. Julia Scho
Marlene-Dietrich-Allee 11
14482 Potsdam

Location , the

Declaration of consent

I hereby give my consent for my contact details to be passed on for the purpose of providing information on events organized by the Film University and its institutes in the context of academic and artistic research.

I can revoke this declaration of consent at any time without giving reasons.

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Signature