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**Student’s rights form**

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| --- |
| **Full name:** Cliquez ici pour entrer du texte.  **Address:** Cliquez ici pour entrer du texte.  **City:**Cliquez ici pour entrer du texte.  **Gender:**Cliquez ici pour entrer du texte.  **Phone number:**Cliquez ici pour entrer du texte.  **E-mail:** Cliquez ici pour entrer du texte. |
| **Country:** Cliquez ici pour entrer du texte. |

Under GDPR you have several rights. Please indicate which of the following apply:

I want to exercise my right as a student in vipassana;

to be informed

to have access to my information

to rectification of my information

to erasure of my information

to restrict processing of my information

to object to the processing of my information

to compliant

I want to receive the Privacy Policy or have a specific question

The request relates to;

10-day courses

Childrens' courses

One-day courses

Long courses

Other: ………………………………..

All my information

This form will be forwarded to the Data Protection officer and the Privacy Contact Person of your country, the Special Cases Committee and the local Centre(s) where you have taken courses, in order to comply with your request. Do you agree with processing for this purpose? Yes / No

Is there any additional information you would like to share? Cliquez ici pour entrer du texte.

Date ………….… Signature: ……………….