

**Declaration for the purpose of verification  
in the Sex Offenders Register**

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(place, date)

University of Lodz

Narutowicza 68, 90-136 Łódź

Personal details necessary for verification in the Sex Offenders Register	
Name	
Surname	
Family name	
PESEL (personal identification number)	
Father's name	
Mother's name	
Date of birth	

I declare that the above personal data is accurate and undertake to inform the University of Lodz about any changes in the abovementioned data.

I declare that I am aware of the criminal liability for making a false statement.

I declare that I have read the clause on personal data processing at the University of Lodz.

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(date, legible signature)