



Personal data form

(Free Mover)

Name(s): (CAPITAL LETTERS)			
Surname: (CAPITAL LETTERS)			
Citizenship:			
Date of Birth: (YYYY-MM-DD)		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail address: (CAPITAL LETTERS)			
Telephone No.:			
Home institution			
E-mail of the coordinator			
Emergency contact:			
Name: (CAPITAL LETTERS)			
Relation to you:			
Telephone No. / e-mail:			

By submitting this form, I confirm that all information in this form are correct and complete. I _____ (Name, Surname) agree that Vilnius Gediminas Technical University (VGTU) would manage my personal data for study purposes and will not transfer it to any third parties. The personal data will be stored for 5 years.

(Name, Surname)

(Signature)