



Student Waiver Statement

This waiver is only valid for one academic year.

Last Name: _____ First Name: _____ M.I. _____
(Apellido) (Nombre)

SLU Banned ID: _____

I certify that I am a student attending Saint Louis University Madrid Campus. I further certify that as of this date, I give my permission to disclose to my parents, legal guardian or other party specified herein, information contained in my student records under the conditions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), Ley Orgánica 15/1999 de Protección de Datos de Carácter Personal (LOPD) and the European General Data Protection Law.

Names of parties or institutions covered herein: _____

In accordance with that established in the General Data Protection Regulation of Personal Data, we would like to inform you that your data will be incorporated into the systems of Saint Louis University in Spain, S.A., CIF A28654879, Avenida del Valle 34 (Spain) for the purpose attending to requests for information related to the above mentioned student. In compliance with the current legislation, Saint Louis University in Spain, S.A. informs that this request will be preserved for a period of one academic year.

The legal basis of the treatment is the consent given by you when accepting this privacy policy to use your personal data for the purposes defined above.

The contact information of the Data Protection Officer is Email DPO-madrid@slu.edu

Please return to:

Office of the Registrar Saint Louis University t Madrid Campus
Avenida del Valle 34, 28003 Madrid, Spain
Phone: +34 915545858 : Fax: +34 915546202 : Registrar-madrid@slu.edu