

Data of the identification document

Surname(s): _____

Name(s): _____

Sex: Female Male

Nationality: _____

Date of Birth: _____ (day)/ _____ (month)/ _____ (year)

Mother's Name: _____

Father's Name: _____

Type of identification document:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Citizen card

ID card

Passport

Other: _____

Document Nº (including control digits, if any): _____

Date of Expiry: _____ (day)/ _____ (month)/ _____ (year)

Tax Identification Nº: _____

I pledge my honor to respect the rules and regulations in force at the University of Porto, including the U.Porto Student Disciplinary Regulations and the Ethical Code of Conduct Academic, of which I am aware.

In compliance with the provisions of Articles 12 et seq. of the Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27th April 2016, of the protection of individuals with regard to the processing of personal data and on the free movement of such data, we would like to inform you that the personal data hereby gathered will solely be used for formalising the enrolment of the student here represented, as well as, to the extent strictly necessary, for later academic and administrative management of their path in the Faculty and for complying with the remaining legal obligations it is bound to, as well as certification.

As holders of personal data, both the student (duly represented under article 124 of the Civil Code) and their representative, may exercise all the rights conferred on them by the relevant applicable legislation in this field, as long as that is compatible with the mission assigned to the Faculty, including the rights of access, amendment, limitation, opposition and portability, by postal mail to the Faculty of Pharmacy of the University of Porto, Rua de Jorge Viterbo Ferreira, 228, 4050-313, Porto, Portugal, or alternatively by e-mail to expediente@ff.up.pt. If no response is obtained for the requests submitted in a timely manner, they may also contact the competent authority for national control on this matter to the e-mail geral@cnpd.pt.

Date: _____/_____/_____

Signature of the ID holder: _____

Note: In order to enrol you must present the original identification document at the Academic Services of FFUP.