**Personal data record**

**External/New examiner/supervisor**

**Official channels:**

Completed back to the

Leopold-Franzens-Universität Innsbruck

Examination Office\*)

Attention (attn) \*)

Address: \*)

 A-6020 Innsbruck received on: \*)

Faculty: \*)

\*) To fill in from the Examination Office

1. **Statements of personal data (Minimum data to draw up references):**

Surname:

Firstname:

Private address – street:

Post code and residence:

Date of birth:

Nationality:

Social security number:

1. **Contact:**

E-Mail address:

Phone number:

 Date Signature Examiner/Supervisor