



APPLICATION FORM

FOR PERSONAL DATA ERASURE
TO SOUTH-WEST UNIVERSITY "NEOFIT RILSKI"
AS A PERSONAL DATA ADMINISTRATOR

I, the undersigned, BC ID Number
..... (*first name, father's name and surname*)

e-mail:, telephone number:.....

Request all the personal data that you collect, process and store provided by me or by third entities pursuant to the following identification, to be erased from your databases.

I declare that I am aware of the fact that a part or all personal data shall continue to be processed and stored by the administrator for the purposes of their lawful regulation fulfillment.

Date:.....
.....

Signature: