

CONSENT TEMPLATE FOR USE (WHEN NECESSARY) WHEN COLLECTING PERSONAL DATA IN/FROM EUROPEAN UNION

Required by European Union General Data Protection Regulation 2016/679 ("GDPR")

To Be Signed By Individual Providing Personal Data

The University of Rhode Island, Department of _____ is the controller of some of your personal data. You may contact the University of Rhode Island, Department of _____ at _____ Kingston, RI or by phone and email at: _____.

Your personal data will be used for the following purposes (check all that apply): marketing academic programs;
communicating University activities and accomplishments; soliciting donations; recruiting students;
recruiting employees; research; Other _____.

The categories of personal data you are being asked to consent to the University's collection and use are your name, address, email address, telephone number and _____.

The University will share your personal data with third party software providers who collect, store and process your personal data on behalf of the University and who are contractually obligated to keep your personal data confidential subject to appropriate safeguards to prevent it from unauthorized disclosure. The University also intends to share your personal data with: _____.

Your personal data will be transferred out of the European Union to the University of Rhode Island, located in the United States.

Your personal data will be stored in accordance with the record retention requirements applicable to the University of Rhode Island as a public higher education and research institution of Rhode Island, and any other applicable U.S. laws. Under the GDPR, you have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel the University has violated the GDPR, you have the right to file a complaint with the appropriate EU supervisory authority. These rights are more specifically described in the Privacy Notice posted on the University website at ____url____.

Please [sign/electronically sign/check box below], date and return by [email/submit] the below:

I consent to the University of Rhode Island, Department of _____, using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time.

gives consent

does not give consent

Name of Individual providing Consent: _____

Address of Individual providing Consent: _____

Signature: _____

Date of Signature: _____

