

RELEASE FROM THE DUTY OF CONFIDENTIALITY

COUNSELLING ON STUDYING WITH A
DISABILITY OR CHRONIC ILLNESS

**STUDENTENWERK
OLDENBURG**
.....
.....

I, _____ (your full name),

born _____,

herby release Ms Wiebke Hendeß, Counsellor for disabled and chronically ill students
at Studentenwerk Oldenburg, from the duty of confidentiality according to §203StGB
towards the following persons / institutions:

The duty of confidentiality relates to the following purpose / content:

The duty of confidentiality is valid until: _____ (date)

I am aware that I am making this declaration of release from the duty to maintain confidentiality voluntarily and that I may revoke it in writing at any time.

Place, date, signature