### OrgFLD Access Authorisation

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| To the department of  Research Service and Innovation  Medical University of Innsbruck  6020 Innsbruck |  |

The undersigned hereby agrees that for

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |
| E-Mail address |  |

access to OrgFLD (= information on organisational units in the research output documentation) for the organisational unit

|  |  |
| --- | --- |
| Organisational unit |  |

Should be set up. This consent may be revoked at any time.

(Place, date) Head of the organisational unit

The authorised user undertakes to comply strictly with the provisions of data protection law.

(Place, date) Access beneficiary

**Please note that the signature of the head of the organisational unit is essential for access authorisation.**

Heads and deputy heads have access by virtue of their position.