



Medcap Head of Department Data Processing Authorization form

(European Union General Data Protection Regulation 2016/679, art.29)

I Head of the Department, Internal Responsible of Data Processing,

first name: _____

last name: _____

email: _____

Department _____,

hereby authorize you,

first name: _____

last name: _____

email: _____

to process data under the research project (title of the study)

by means of the School of Medicine Research Electronic Data Capture

Service, www.medcap.unito.it (the Service in the hereafter). Processing shall be performed solely for scientific research purposes in compliance with the Service Policy and in the full respect of the law; updated Service Policy is available on the [Service website](#).

The present authorization expires _____ (max 5 years from the date of signature)

Date _____

Head of Department Signature*