



## INFORMATION REQUEST FORM IN ACCORDANCE WITH THE LAW ON THE PROTECTION OF PERSONAL DATA (PDPL)

<b>I. APPLICANT INFORMATION</b>	Turkish Identity No	
	Name & Surname	
	Date of birth	
	Phone No	
	Address	
<input type="checkbox"/> I am a data subject (I request my own data)		
I am a relative of the data subject (I request data about my relative)		
<input type="checkbox"/> Please indicate the degree of affinity*: * If you are a legal representative, please send the relevant decision as an attachment.		
Note: In order to ensure the security of your personal data, additional documents (Identity Card, etc.) may be requested for identification.		
<b>II. INFORMATION ON THE RELATIONSHIP WITH THE INSTITUTION</b>	Please select the option below that suits your interest in our institution.	
	<input type="checkbox"/> Patient / Patient Relative <input type="checkbox"/> Employee / Former Employee / Candidate <input type="checkbox"/> Supplier / Company	
	<b>For Students/Visitors</b> The last unit you received service from:  Application Deadline:	<b>For Employees</b> Status: <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Candidate  Period of working (years):  Application year for candidates:
<b>III. INFORMATION ON THE REQUEST</b>	Please provide a description of the personal data you are requesting and any information you may have regarding the location of the data. If there is information, please share it (for example, describe the unit from which service is received in our institution, your department if you are working, and the people you communicate with to the extent appropriate ).	
	Please select the shipping method for our response to your request <input type="checkbox"/> Shipping to my address <input type="checkbox"/> Receiving via e-mail <input type="checkbox"/> I would like to apply and receive in person	

To be filled in by the requester	To be filled by the institution
Request Date: ...../...../.....	Pick-up Date: ...../...../.....
Requester Name-Surname – Signature:	Delivery Field Name-Surname – Signature:

**Explanation:** You can submit your requests regarding your personal data by filling out this form and delivering it by hand to the address of T.C. Üsküdar University, Altunizade Mah. Üniversite Sk. No:14 PK:34662 Üsküdar / İstanbul / Türkiye, as required by Article 11 of the Personal Data Protection Law (KVKK), to be processed in its capacity as the data controller, or you can send it via notary. Additionally, you can sign the application form with the "secure electronic signature" defined in the Electronic Signature Law No. 5070 and send it to the hospital's registered e-mail address. The information and documents you provide in this form are requested in order to accurately identify your relationship with our institution and to provide you with a complete response within the legal time frame.