Request for Deleting UniAccount

Accountname [   ]

IT Servicezentrum

Universität Kassel

Mönchebergstraße 11

D-34125 Kassel

Applicant Information

Form of adress (Mr / Ms)	Title	Surname, Name	
Office adress (location, building, floor, roomnumber)			
Phonenumber		Date of Birth	
Institute / Faculty		Personal-Nr. / Contract start date	
E-Mail (@uni-kassel.de)			

Reason for Deletion

Notice:

All corresponding data of the UniAccount are also deleted and can neither be used nor restored afterwards.

The accountholder has to agree by signature to the deletion for further processing.

Date	Signature Accountholder

Filled out by IT Servicezentrum

Date	Signature