



GOETHE-ZERTIFIKAT A2: Fit in Deutsch 2

Exam Registration Form

Exam Date: ____ / ____ / ____
Month Day Year

Price: \$70 (please make check payable to the Goethe-Institut Chicago)

Title: _____	
Last Name (exactly as on passport): _____	
First Name (exactly as on passport): _____	
Date of Birth: _____	
Place of Birth (city & state): _____	
Citizenship: _____	
Native Language: _____	
Address: _____	
City: _____	State and Zip: _____
Telephone: _____	Email: _____

Goethe-Institut e.V.

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Suite 200
Chicago, IL 60601
USA

Tel: (312) 263 0472
Fax: (312) 263 0476

language@chicago.goethe.org
www.goethe.de/chicago

I hereby confirm that I have read and accept the Exam Guidelines and the
Terms and Conditions of Exam Administration.

Date, Place, Signature (parent or guardian in case of minor)

**GOETHE
INSTITUT**

Sprache. Kultur. Deutschland.



Declaration of Consent

Last Name, First Name: _____

On executing my signature below, I hereby authorize the Exam Center to transmit and store my personal data ("Data"), which I provided under the terms of my registration, in the central customer database housed in the headquarters of the Goethe Institute e.V. in Munich, Germany ("GI-HQ") and there to combine this Data with any other Data previously provided and stored there.

Furthermore, I consent to the use of my Data by the Exam Center and the Goethe Institute for purposes exceeding those outlined in the executed agreement, namely for market research, advertising and any marketing associated with the range of services offered by the Exam Center and the Goethe Institute, in particular to send me relevant requests or advertisements ("Information"), such as, but not limited to, information about new course offerings at the Exam Center or the Goethe Institute. Such Information will be sent to me in the mail using the postal address I provided - and if I stipulate - may also be transmitted to me via telephone, fax, e-mail and/or text message (SMS) using the Data I have provided.

Data concerning the exams I have taken may also be transmitted to the Goethe Institute for storage and use in the central examination archives (for a maximum period of 10 years) and used for verification purposes and to issue replacement certificates, as required. To the extent that the Data relates to exams, which entitle my foreign spouse to subsequently immigrate to Germany, I hereby authorize the Goethe Institute to confirm, at the request of the German authorities, the authenticity of a certificate I have submitted to a government agency.

Neither the Goethe Institute nor the Exam Center will use my Data for any additional purposes not otherwise specified in this consent agreement. In addition, neither the Goethe Institute nor the Exam Center will provide any Data to a third party, unless there is reasonable suspicion of fraud with regard to the Data.

I have been informed that I may revoke my authorization for my Data's use for market research, advertising and marketing purposes at any time.

Place, Date, Signature

Yes, I would also like to receive information via e-mail/ SMS/ telephone/ fax

Place, Date, Signature

Right of Revocation

You may exercise your above-mentioned right to opt out right now or at anytime later in what follows:

- I herewith immediately revoke my authorization for my Data's use for advertising and marketing purposes.

Place, Date, Signature

Datenschutzeinwilligungserklärung Print PKP

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