

Partners consent to share information

We, the undersigned, (student name) _____, BGU ID _____, passport number _____

and (spouse name) Sumanta Kumar Das, BGU ID (if applicable): _____, passport number _____

declare as follows:

1. In order to obtain assistance from the university regarding our entry into the State of Israel and/or studies at the university, the university will need various details about us. To facilitate the process, we mutually confirm that the university may contact each of us to obtain the aforementioned details about him/her and his/her spouse.

2. Any such information provided by one of us about his/her spouse will be reliable and verified information and the university is entitled to consider accurate and correct information.

This confirmation is valid for the duration of your affiliation with BGU and can be cancelled by sending a written message.

Name: _____ Date: _____ Signature: _____

Name: _____ Date: _____ Signature: _____