

Please send the filled and signed document to the Research Data Center (FDZ-LIfBi)

by E-mail: fdz@lifbi.de | by Fax: +49 951 863-3513

by Post: Leibniz Institute for Educational Trajectories, FDZ-LIfBi, Wilhelmsplatz 3, 96047 Bamberg, Germany

The data recipient is the person who has signed the initial GUS Data Use Agreement as the data recipient. The change must be requested and signed by this data recipient.

Change of the GUS Data Use Agreement

with case number:

The Leibniz Institute for Educational Trajectories (LIfBi e.V.)

Wilhelmsplatz 3, 96047 Bamberg, Germany

represented by the LIfBi Board of Directors,

this represented by the Research Data Center,

- hereinafter called LIfBi -

and

Name	
First name	
E-mail	
Institution	

- hereinafter referred to as the data recipient -

agree that the existing GUS Data Use Agreement is changed as follows:

As a result of the prolongation of the research project mentioned in Art. 2 no. 2 of the initial GUS Data Use Agreement, the term of agreement is extended until (date).¹

From (date) the following further person(s) will be involved in the research project mentioned in Art. 2 no. 2 of the initial GUS Data Use Agreement:²

¹ In the case of an request for prolongation of the project duration, the signature of the data recipient is sufficient; persons who are already additionally involved in the project are automatically included - provided that no other information is provided.

² In addition to the data recipient, each new person involved in the research project resp. Data Use Agreement must sign this change request.

Note: The data recipient does not have to be specified again at this point!	
1	Name: First name: E-mail: Institution: Title / Function ³ :
2	Name: First name: E-mail: Institution: Title / Function:
3	Name: First name: E-mail: Institution: Title / Function:

_____	_____	_____
Place, Date	Data Recipient	(Name in block letters + Signature)

_____	_____	_____
Place, Date	Person involved in the Research Project	(Name in block letters + Signature)

_____	_____	_____
Place, Date	Person involved in the Research Project	(Name in block letters + Signature)

_____	_____	_____
Place, Date	Person involved in the Research Project	(Name in block letters + Signature)

_____	_____	_____
Place, Date	Head of FDZ-LifBi	(Name in block letters + Signature)

³ Additionally involved persons may be university students or interns/trainees who are not yet in possession of a university degree and/or who are not contractually affiliated to a research institution. All persons involved must belong to the same institution as the data recipient.