

Discharge of liability for graduates

The institutes or departments listed below should confirm that in the case of the student named here there are no outstanding bills/accounts or liabilities. Please write in block capitals.

Surname, first name: _____

Matriculation number: _____ Course of studies: _____

Department	Date/Signature
Caretaker (Weserstraße 52) Mo-Thu between 13.00-14.00 o'clock	
Library	
Registry Office – Calculator	
Registry Office – CampusCard (Studierendenausweis)	

- ☐ I will collect my graduation documents personally.
- ☐ Please send my graduation documents to the following address:

Street / number: _____

Post code / Town or city: _____

Reimbursement:

If you complete your studies before April 1st your re-matriculation fee for the summer semester (or October 20th for the winter semester) will be reimbursed. Please fill out your bank details:

Name of account holder: _____

IBAN: _____

BIC: _____

Bank: _____ *Signature:* _____

To be filled out by the administration:

- ☐ CampusCard received _____
- ☐ Graduation documents sent _____
- ☐ Reimbursement of semester fees authorized on _____
- ☐ Filed _____

Graduate Work:

By providing my private e-mail address (i.e. not "@student.jade-hs.de"), I declare my consent to the university staying in contact with me by e-mail. I can revoke this consent at any time in writing or orally and thus cause the deletion of my data. Sharing this data is voluntary, the discharge is not affected by sharing or not sharing this data.

Surname, first name: _____ Final semester: _____

E-mail address: _____ Course of Study: _____

Signature: _____