Attachment to Ordinance No. 21
of the Rector of Poznan University of Technology
of 5 August 2024

Poznań, date ……

……..
stamp of the organizational unit/section

**Human Resources Office**
**Poznan University of Technology**

**REQUEST**
**to verify a person in the Sex Offender Register**

Please verify whether the data of the following person are included in the Sex Offender Register:

1) Personal Identification Number (PESEL) * (if assigned): ……
2) surname: ……
3) maiden name: ……
4) first name: ……
5) father's name: ……..
6) mother's name: ……
7) date of birth: ……..

Reasons (indication of the task or procedure in connection with which it is necessary to obtain information about the person):
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(signature/stamp of the requester)

* Not applicable to employees