

Application Form Leniency Committee Cyber Attack

Addressed to:

**Complaints Service Point
Maastricht University
attn. Leniency Committee Cyber Attack
P.O. Box 616
6200 MD Maastricht
The Netherlands
complaintsservice@maastrichtuniversity.nl**

Details student:

ID-number*

Name incl. initials*

First name (in full)

Address

Postal code | City

Phone number

Email address*

Faculty*

Study*

Details request:

Attachments*

Specify in a separate document and attach:

- Your request
- The grounds of your request
- Evidence of personal study-related damage as a result of the Maastricht University cyber attack

PLEASE NOTE the fields marked with * are mandatory!

Date:

Signature: