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| **заявление** | | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*имя*

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| **Дата рождения**: | ч | ч | . | м | м | . |  |  | г | г |

*отчество*

**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |

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| **Пол**: |  | мужской |  | женский |

Прошу зарегистрировать меня для участия в итоговом сочинении \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(указать дату участия в итоговом сочинении в соответствии с расписанием итогового сочинения)* для использования его результатов при приеме в образовательные организации высшего образования.

Согласие на обработку персональных данных прилагается.

\**Прошу создать условия для написания итогового сочинения с учетом состояния здоровья, подтверждаемого (заполняется участниками с ограниченными возможностями здоровья, детьми-инвалидами, инвалидами):*

*(указать необходимые условия)*

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| Справкой об установлении инвалидности |  | Рекомендациями ПМПК |  |

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

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