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|  | Руководителюуправления образования и молодежной политики администрации городского округа город ВоронежК.Г.Викторову |

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

*фамилия*

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*имя*

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*отчество*

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

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

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| **СНИЛС** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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| **Гражданство:** |  | РФ |  | СНГ |  | без гражданства |  | другое |

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.

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

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| Справкой об установлении инвалидности  |  |  Рекомендациями ПМПК |  |

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 *(указать необходимые условия)*

Согласие на обработку персональных данных прилагается.

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

 «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г.

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| Контактный телефон |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |