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| ОБРАЗЕЦ | Руководителю  образовательной организации  (для выпускников текущего года) |

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| **Заявление** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |
| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Наименование документа, удостоверяющего личность** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Серия** | |  | | р |  | |  | **Номер** | | | | | | | | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  |
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| **Дата рождения**: | | | | | | |  |  | | **.** | | |  | |  | | **.** | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  |
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| **Пол**: |  | | мужской | | | | | | | |  | | женский | | | | | | | | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Гражданство:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **СНИЛС** | | | |  |  | |  |  |  | | |  | |  | |  | |  | |  | | |  | | |  | | | | | | | | | | | |  |  |  |  |
| *(при наличии)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
| **Регион, в котором закончил ОО:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Прошу зарегистрировать меня для участия в итоговом **сочинении/изложении** для использования его результатов при приеме в образовательные организации высшего образования:

**07.12.2016 01.02.2017 03.05.2017**

Согласие на обработку персональных данных прилагается.

Прошу создать следующие условия \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ для сдачи итогового сочинения / изложения с учетом состояния здоровья, подтверждаемого:

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| --- | --- | --- | --- |
|  | справкой об установлении инвалидности |  | рекомендациями ПМПК по РС (Я) |

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

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| Контактный телефон | |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |
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| Регистрационный номер | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| ОБРАЗЕЦ | Председателю ГЭК РС (Я)  Габышевой Ф.В.  (для выпускников прошлых лет)) |

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| **Заявление** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |
| *фамилия* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *имя* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *отчество* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Наименование документа, удостоверяющего личность** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Серия** | |  | | р |  | |  | **Номер** | | | | | | | | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  |
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| **Дата рождения**: | | | | | | |  |  | | **.** | | |  | |  | | **.** | |  | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |  |
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| **Пол**: |  | | мужской | | | | | | | |  | | женский | | | | | | | | |  | | |  | | |  | |  | |  | |  | |  | |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
| **Гражданство:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **СНИЛС** | | | |  |  | |  |  |  | | |  | |  | |  | |  | |  | | |  | | |  | | | | | | | | | | | |  |  |  |  |
| *(при наличии)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
| **Регион, в котором закончил ОО:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
|  | справкой об установлении инвалидности |  | рекомендациями ПМПК по РС (Я) |

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

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| Контактный телефон | |  | ( |  |  |  | ) |  |  |  | - |  |  | - |  |  |
|  |
| Регистрационный номер | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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