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|  | ПредседателюГосударственной экзаменационной комиссииРеспублики ХакасияЛ.Н. Гимазутиной |

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| **заявление.** |
|  **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *фамилия* |
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| *имя* |
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| *отчество* |

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| **Дата рождения**: |  |  | . |  |  | . |  |  |  |  |  |  |  |  |  |  |
| **Наименование документа, удостоверяющего личность** |  |  |  |  |  |  |

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| **Серия** |  | р |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |
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| **СНИЛС** |  |  |  |  |  |  |  |  |  |  |  |  |
| *(при наличии)* |

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| **ВПЛ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *город, район* |
| **СПО** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *нгаименование учреждеия СПО* |

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

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

**06.12.2017 07.02.2018 16.05.2018**

Согласие на обработку персональных данных прилагается.

Прошу создать условия для написания итогового сочинения с учетом состояния здоровья, подтверждаемого:

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|  | справкой об установлении инвалидности |  | рекомендациями ПМПК  |

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

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

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