**Форма заявления для выпускников прошлых лет**

Форма заявления выпускника прошлых лет на участие в итоговом сочинении

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| Руководителю МОУО \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (наименование муниципального органа управления образованием)  Ф.И.О. руководителя МОУО \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Заявление** | | | | | | | | | | | | |  | | | | | | | | | | | | |
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*фамилия*

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*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**

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| **01.12.2021** |  | **02.02.2022** |  | **04.05.2022** |  |

для использования его результатов при приеме в образовательные организации высшего профессионального образования

Прошу создать условия для сдачи итогового сочинении с учетом состояния здоровья, подтверждаемого:

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| Справкой об установлении инвалидности |  | Рекомендациями ПМПК |  |

Согласие на обработку персональных данных прилагается.

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

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

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