

To whom it may concern

From _____

(Name, surname, address, telephone number;
Passport data: Serial number,
date of issue, authority of issue).

Application Form

I, _____

(name and surname)

give consent to send my personal data as for my fact of study at

(name of educational institution)

and receipt of

(type, serial number, date of educational document issue)

and also providing photocopies and other additional information about the documents on previous education (School Leaving Certificate, Diploma, Academic Transcript, etc.), required by the Department of International Cooperation and Protocol of the Ministry of Education and Science of Ukraine for the recognition in Ukraine of the abovementioned educational document.

The consent given by me is valid indefinitely, but in any case it is given for a period until the personal data processing purpose is achieved.

“____” _____ 2024

Date

month

Sign

Surname