

CONSENT

I, _____
(full name of applicant)

hereby give my consent to the disclosure of my personal data, specifically about study at the educational institution «Grodno State Medical University», receiving the Diploma, series _____ No. _____ of _____, and the provision of copies of documents and information about documents on the basis of which I was admitted to the educational institution.

(date)

(signature)

(full name)