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| **Заявление на участие в итоговом сочинении (изложении)**  **для выпускника прошлых лет** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*отчество*

**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |

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

**СНИЛС** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Прошу зарегистрировать меня для участия в итоговом сочинении \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(указать дату участия в итоговом сочинении в соответствии с расписанием итогового сочинения)* для использования его результатов при приеме в образовательные организации высшего образования.

\**Прошу создать условия для написания итогового сочинения (изложения) с учетом состояния здоровья, подтверждаемого (заполняется участниками с ограниченными возможностями здоровья, детьми-инвалидами, инвалидами):*

*(указать необходимые условия)*

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| Справкой об установлении инвалидности |  | Рекомендациями ПМПК |  |

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

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