

FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "STAVROPOL
STATE MEDICAL UNIVERSITY" OF THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION
WRITTEN CONSENT

of the citizen to the processing of personal data

I, _____
(last name, first name, patronymic) registered at:

passport series _____ № _____ issued _____

(information about the date of issue and the issuing authority)

phone number _____,

being the legal representative of the subject of personal data,

_____,
(surname, first name, patronymic of the subject of personal data) passport series _____
number _____, issued by whom and when _____

_____,
division code _____, resident at: _____

on the basis of _____
(details of the power of attorney or other document confirming the authority of the representative)

in accordance with Federal Law No. 152-FZ of 27.07.2006 "On Personal Data", I hereby, by my will and in the interest of the Subject of Personal data, give consent to the processing of my (his, her) all submitted **categories of personal data** (hereinafter – PD):

personal data (hereinafter – PD): surname, name, patronymic, year, month, date and place of birth, sex, information about an identity document, photo, citizenship, insurance number of an individual personal account (SNILS), military ID, certificate in exchange for a military ID, certificate of a citizen subject to military conscription service, address at the place of registration, address of actual residence, marital status, information about next of relatives (parents (representatives) – full name, information about the identity document, address at the place of registration, details of the document confirming the powers of the representative), data of the compulsory medical insurance policy, information and documents about education, information about employment, social benefits, personal phone numbers, email address, bank card account number, information about academic performance, information about awards and achievements, information about enrollment in an educational institution, information about the transfer to another form of study, international passport data,

(the unnecessary is allowed to be crossed out)

special personal data: health status, including information about disability and health limitations, nationality _____

(the unnecessary is allowed to be crossed out)

necessary **for the purposes** of: fulfilling contractual obligations, carrying out educational and scientific activities for the implementation of programs, including with the use of e-learning and distance learning technologies in the Russian Federation, ensuring access and intra-facility regime, awarding scholarships and other payments, issuing bank cards for accrual of scholarships, allowances, etc., providing medical and preventive care assistance, organization of sports and recreation, excursions and cultural events, information support, placement of data in federal information systems, assistance in employment, organization and conduct of internships and practical training of citizens in the Russian Federation, confirmation of the fact of training, registration of a contract for the provision of paid educational services, transfer of PD within the framework of targeted training to customers of targeted training in accordance with current federal legislation **to the operator** - federal state budgetary educational

institution of higher education "Stavropol State Medical University" of the Ministry of Health of the Russian Federation, registered at the legal address – 355017, Russian Federation, Stavropol Territory, Stavropol, Mira str., 310, to carry out the following actions for processing PD: collection, recording, systematization, accumulation, extraction, storage, clarification (update, change), use, depersonalization, blocking, deletion, destruction, transfer (granting, access)_____

(the unnecessary is allowed to be crossed out)

in the following ways: with the use of paper media, in personal data information systems with and without the use of automation tools, as well as in a mixed way.

I confirm the authenticity of the submitted documents and the accuracy of the data presented.

I consent to the processing of personal data for a period established in accordance with the requirements of regulatory legal acts of the Russian Federation.

This consent may be revoked in writing, in whole or in part, in accordance with the procedure established by Federal Law No. 152-FZ of 27.07.2006 "On Personal Data".

The policy of the Federal State Budgetary Educational Institution of the Ministry of Health of the Russian Federation regarding the processing of personal data is posted on the website www.stgm.ru.

I have read and agree with the Policy of the Federal State Budgetary Educational Institution of the Ministry of Health of the Russian Federation regarding the processing of personal data.

All the provisions of the written consent have been explained and understood by me:

_____	_____	_____
Full name of the PD Subject	signature	date
_____	_____	_____
Full name of the representative of the PD Subject	signature	date