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|  | ***Согласие законного представителя на обработку персональных данных несовершеннолетнего субъекта персональных данных*** |  |

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|  | Я, | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | |
|  |  |  |  |  |  | (ф.и.о. родителя или иного законного представителя несовершеннолетнего лица ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | проживающий(-ая) по адресу: | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | (адрес регистрации по месту жительства) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |

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|  | паспорт: серия |  | номер |  | выдан |  | года, |  |

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|  |  | (название выдавшего органа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  | (в случае опекунства указать реквизиты документы на основании которых осуществляется опека/попечительство) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  | являясь законным представителем несовершеннолетнего ребенка\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  |  |  |  | (ф.и.о. ребенка ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | приходящегося мне дочерь/сыном/другое | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | проживающего по адресу: | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | (адрес регистрации по месту жительства) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |

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|  | паспорт: серия |  | номер |  | выдан |  | года, |  |

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|  |  | *(*название выдавшего органа) | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  | в соответствии со ст. 9 Федерального закона от 27 июля 2006 года № 152-ФЗ  «О персональных данных», даю согласие федеральному государственному бюджетному образовательному учреждению высшего образования «Луганский государственный аграрный университет имени К.Е. Ворошилова» (ИНН 9402005012, КПП 940201001 ОГРН 1229400036458) (далее – Университет), находящемуся по адресу: 291008, Луганская Народная Республика, г. о. Луганский, г. Луганск, Артемовский р-н, тер. ЛНАУ, д.1, на:  1) на сбор, систематизацию, накопление, хранение, уточнение (обновление, изменение), использование, распространение (в том числе передачу), обезличивание, блокировку и уничтожение персональных данных вышеуказанного несовершеннолетнего ребенка: сведений, содержащихся в документе, удостоверяющем личность (фамилия, имя, отчество, дата рождения, пол, гражданство, регистрационные данные по месту жительства и пребывания); сведений об ИНН; сведений о номере страхового свидетельства; контактной информации (контактный телефон, адрес электронной почты, адрес фактического проживания); сведений об образовании и документах об образовании; об отношении к воинской обязанности, сведений по воинскому учету; сведений о социальных льготах и гарантиях, сведений о семейном положении, составе семьи; сведений о месте работы, должности, и других сведений, предоставленных в виде копий документов для наполнения личного дела и полученных университетом от меня при зачислении (переводе) в Университет вышеуказанного несовершеннолетнего ребенка, в процессе образовательной деятельности, при реализации отношений в сфере образования, предусмотренных и установленных законодательством РФ, локальными актами Университета, договорными отношениями Университета с законными представителями вышеуказанного несовершеннолетнего ребенка, а также прочих сведений, предусмотренных действующим законодательством. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Я уведомлен (-а) Университетом:  - о праве на отзыв моего согласия на обработку персональных данных путем подачи заявления;  - о праве Университета в случае отзыва согласия на обработку персональных данных продолжать обработку моих персональных данных при наличии оснований, указанных в п. 2-11 части 1 ст. 6, части 2 ст. 10 и части 2 ст. 11 Федерального закона от 27 июля 2006 года № 152-ФЗ «О персональных данных». | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | С действующим законодательством и локальными нормативными актами Университета в области защиты персональных данных ознакомлен(-а). | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | Подпись законного представителя | | | | | | | | | | | |
|  |  | субъекта персональных данных |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  | (подпись) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (Ф.И.О.) |  |  |  |  |  |  |  |  |  |  |

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|  |  | С извещением об организации образовательного процесса в Университете, в том числе повышении стоимости платных образовательных услуг, путем направления мне SМS-сообщений на номер мобильного телефона: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | (указать номер мобильного телефона оператора сотовой связи, действующего на территории Российской Федерации) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | согласен | | | |  |  |  |  | не согласен | | | | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | В случае изменения вышеуказанного номера мобильного телефона, обязуюсь уведомить деканат факультета о смене номера. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Подпись законного представителя | | | | | | | | | | | |
|  |  | субъекта персональных данных |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  | (подпись) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (Ф.И.О.) |  |  |  |  |  |  |  |  |  |  |

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|  |  | С извещением об организации образовательного процесса в Университете, в том числе повышении стоимости платных образовательных услуг, путем направления мне SМS-сообщений на номер мобильного телефона: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | (указать номер мобильного телефона оператора сотовой связи, действующего на территории Российской Федерации) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | согласен | | | |  |  |  |  | не согласен | | | | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | В случае изменения вышеуказанного номера мобильного телефона, обязуюсь уведомить деканат факультета о смене номера. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Подпись субъекта персональных данных | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |  |  |  | (подпись) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | (Ф.И.О.) |  |  |  |  |  |  |  |  |  |  |