**Consent to the processing of personal data of legal representative**

**by power of attorney and the Applicant’s data**

I, ,

(full name)

date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, passport (ID card number) (day, month, year)

issued by (if available)

 (information on the date of the document issue and on the authority that issued the document)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ,

registered at the following place of residence:

 (information on the registered and actual place of residence)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Being the legal representative of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Applicant’s full name)

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(letter of attorney details)

in accordance with article 9 of Federal Law "On personal data" dated July, 27th 2006, No 152-FZ, **grant my consent** to theFederal State Budgetary Educational Institution of Higher Education “North-Western State Medical University named after I. I. Mechnikov” of the Ministry of Healthcare of the Russian Federation (hereinafter referred to as the University), legal address: Saint-Petersburg, Kirochnaya st. 41, on processing and utilization my (legal representative) and Applicant’s personal data.

 The Personal Data content:

1. Full name, date and place of birth, registered place of residence, actual place of residence, series and number of the main identity document (passport/ID card number), information on the date of the document issue and on the authority that issued the document (if available) of legal representative and Applicant, and also copies of mentioned documents.

2. Letter of attorney details, its copy.

3. Details of the insurance certificate of compulsory pension insurance (SNILS) (if available), its copy.

4. Contact number, e-mail of legal representative and Applicant.

5. Applicant’s photo.

6. Applicant’s education document, its copy.

7. Information about the applicant’s state of health.

8. Contact information and any other information relating to my personality and Applicant’s personality, available or known at any given time to the University.

I confirm that by giving this consent, I am acting without any coercion, by my own will and in the interests of the Applicant.

The consent is given by me for the purposes of University admission (including for the purposes of signing an education contract), and, in case of Applicant’s enrollment, training, and also providing information on my personal data and Applicant’s personal data related to training, employment and other cases, provided by the legislation of the Russian Federation, to third parties.

This consent is granted to take any actions in relation to my personal data and the personal data of the submitted Applicant that are necessary to achieve the above goals, including, without limitation:

- collection,

- recording,

- systematization,

- accumulation,

- storage,

- clarification (update, change),

- use,

- distribution (including disclosure),

- depersonalization,

- blocking,

- destruction,

- any other actions related to my personal data and the personal data of the Applicant, taking into account the current legislation.

I know that the processing of personal data is carried out by the University on paper and electronic media using automation tools.

This consent to the processing of personal data is valid for an unlimited period of time.

 The withdrawal of the Consent is carried out in written form by submitting it to the University.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

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