Печать и подпись нотариуса

CONSENT

I (we), parent (s) *Surname First name Patronymic, year of birth, place of birth, gender, passport: series number, by whom and when issued*, registered at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Give my (our) consent to my minor son (daughter)

*Surname First name Patronymic, year of birth, place of birth,* birth certificate *series number, by whom and when issued, passport series number, by whom and when issued*,

to conclude and terminate by him (her) contracts with FSBEI HE North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of the Russian Federation, legal address: 191015, Russia, St. Petersburg, Kirochnaya st., 41, for the provision of paid educational services and additional paid educational services, contracts for accommodation in the Dormitory, additional agreements, contracts for tuition fees, and confirm the validity of the contracts concluded by my minor son (daughter).

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date and place of drawing up of the Consent*

*This consent is certified Notary (full name)*

*The content of this document corresponds to the will of the person who applied, whose identity has been established, and whose legal capacity has been verified.*

*The document was signed in my presence*

*Registered in the register: No.*

*Collected as per tariff: sum*

*Paid for the provision of legal and technical services: sum*

*Notary stamp and signature*