В государственную экзаменационную комиссию проведения государственной итоговой аттестации по образовательным программам основного общего образования в Пензенской области от\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, проживающего по адресу: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**заявление.**

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*фамилия*

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*имя*

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*отчество (при наличии)*

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|  | выпускник общеобразовательной организации текущего года |

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|  | выпускник общеобразовательной организации, не завершивший основное общее образование |

**Наименование образовательной организации**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Наименование документа, удостоверяющего личность\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Прошу согласовать использование в ходе экзаменов

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(указать наименование электронного прибора)

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в качестве сканера с приложением устройства неинвазивного мониторинга глюкозы.

Документ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| (наименование и реквизиты документа) |
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подтверждающий необходимость использования прибора неинвазивного мониторинга глюкозы, прилагается.

«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 2024 г. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

*(подпись ) ( расшифровка подписи)*

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| **Контактный телефон** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Электронная почта** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |