TO: Professor Schmidt. A. F.

Irkutsk State University

Rector

**WITHDRAWAL OF CONSENT**

**to the processing of personal data**

|  |  |  |
| --- | --- | --- |
| I, |  | |
| *(Full name: Last name. First name, Middle name / Patronymic)* | |
| in accordance with the Federal Law dated as of July 27, 2006 № 152 ФЗ “Regarding Personal Data”, I withdraw | | |
| "ISU" consent to the processing of my personal data. | | |
| I ask you to stop processing my personal data due to | |  |
|  | | |
| *(give the reason)* | | |
| within a period not exceeding thirty days from the date of receipt of this withdrawal. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| " |  | » |  | 202 |  | \_ |  |  |  |
|  |  |  | (signature) | (full name) |