

Consent to submit application for special educational support

By signing the declaration, I confirm the following:

- I agree with the content of the application regarding [*insert support form*] by [*date*]
- My place of education can apply for special educational support to the National Agency for Education and Quality on my behalf in accordance with the content of the application
- I have received the document "*How the National Agency for Education and Quality processes information about you*".

I am informed that the National Agency and the Agency's suppliers of SPS services are handling information on my health and medical history, relevant to the application pursuant to Article of the Data Protection Regulation 9 (2) (b), complying with my rights under the Danish social law.

The declaration of consent is part of the application.

Place of education:

Name and CPR-number (social security number) of the applicant:

Name of custodian or legal guardian (if relevant):

Date and signature:
