

# Consent to submit application for special educational support

# SPS

By signing the declaration, I confirm the following:

- I agree with the content of the application regarding:  
*[insert support forms]*
- Date of application: *[insert date]*
- My place of education can apply for special educational support at 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 special educational support services are handling information on my health and medical history, relevant to the application and granted support pursuant to Article of the Data Protection Regulation 9 (2) (b). This is to ensure Agency compliance with the special education support service.

This declaration of consent is part of the application and must be filed at the place of education.

Place of education:

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

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E-mail address and phone number of the applicant:

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Date and signature of the applicant:

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**If you are under the age of 18, a parent/legal guardian must sign too:**

Name of parent/legal guardian:

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Date and signature of parent/legal guardian:

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