**CONSENT

on the access to the buildings / units of the Higher School of Economics - St. Petersburg**

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| --- | --- | --- | --- |
| **I**, |  | registered at the address : |  |
| Full name of the student’s representative |  | Address with the zip code |
|  |
| residing at the address: |  |
| Address with the zip code |
|  | passport number |  | date and authority, issued the document |
| Address with the zip code |  | Series and number of the passport |  |
|  |  |
| Date of issue; name of the authority, issued the passport; department code |
| **as** **the legal representative**: |  | based on |
|  | Full name of the representee (student) |  |
|  | registered at the address: |  |
| The document confirming the authority of the legal representative, or other reason |  | Address with the zip code |
|  |
| residing at the address: |  |
| Address with the zip code |
|  | passport number |  | date and authority, issued the document |
| Address with the zip code |  | Series and number of the passport |  |
|  |  |
| Date of issue; name of the authority, issued the passport; department code |

give the consent of my own free will on the access of my representee (child/ward) to the buildings / units of the Higher School of Economics - St. Petersburg, located at the following addresses:

* Naberezhnaya Kanala Griboedova, 119-121
* Naberezhnaya Kanala Griboedova, 123, build. А
* Kantemirovskaya Street, 3, build. 1А
* Promyshlennaya Street, 17, build. А
* Sedova Street, 55, korpus 2, build. А
* Soyuza Pechatnikov Street, 16
* Soyuza Pechatnikov Street, 18-20, build. А

I am familiar with the mandatory requirements of the Higher School of Economics - St. Petersburg documents, which determine restrictive measures in terms of the presence of students in the buildings / units of the Higher School of Economics - St. Petersburg and the need to comply with the established sanitary and epidemiological requirements in order to create conditions for countering the spread of a new coronavirus infection.

I confirm that, giving my consent, I act of my own free will and in the interests of the representee.

This consent is valid for a year from the date of signing.

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|  |  |  |  |  |
| Full name of the student’s representative |  | Signature |  | Date |
|  |  |  |  |  |
| Full name of the representee (student) |  | Signature |  | Date |