**Attachment 2**

**Forms 1-3**

**Form 1**

**Consent Form**
**for Processing of Student’s Personal Data**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,
*(Last name, First name, Patronymic (if applicable) of parent/legal guardian)*

Contact phone number:

Email:

Mail address:
*(Building number, street, block, letter, apartment/room region, city/town, postal code, country)*

as the parent/legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,
*(First name, Patronymic (if applicable), Last name of the student)*

hereby grant permission to the Operator processing and managing personal data – **Lomonosov Moscow State University** and **Lobachevsky First University Lyceum** (a branch of Lomonosov Moscow State University, hereafter referred to as "the Lyceum"), located at:
**20, Maria Ovsyannikova St., Ust-Labinsk, Krasnodar Krai, Russia, 352330,**
*(Tax ID: 7729082090, Tax Registration Code: 237343001, OKTMO: 03657101)*

for the processing of my child's/ward's personal data in connection with their participation in the **International Festival of Students’ Projects and Research "International Scientific and Practical Festival of the First Lobachevsky"**, for the purpose of organizing the educational process in accordance with **Article 9 of Federal Law No. 152-FZ "On Personal Data"**

|  |  |  |
| --- | --- | --- |
|  | *I give consent* for processing of my personal data | *I do not give consent* for processing of my personal data |
| **General Personal Data of the Student:** |
| First name, Patronymic (if applicable), Last name |  |  |
| Date of birth / Age / Grade / Year of study |  |  |
| Details and information of identity document |  |  |
| Registration address and actual residence address |  |  |
| Health status and medical conditions |  |  |

**The fact of consent or dissent for each item is indicated by the parent's (legal representative's) handwritten mark in the appropriate column.**

**I hereby establish the following additional conditions and restrictions for the processing of the student's personal data:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**This consent may be revoked in whole or in part at any time by means of a written application submitted by the parent (legal representative) to the Lyceum.**

**Besides I hereby grant permission** to the operator processing my personal data – Lomonosov Moscow State University, and Lobachevsky First University Lyceum (a branch of Lomonosov Moscow State University, hereinafter referred to as the "Lyceum"), located at: 20, Maria Ovsyannikova Street, Ust-Labinsk, Krasnodar Krai, 352330, Russia (Taxpayer ID (INN): 7729082090, Tax Registration Reason Code (KPP): 237343001, OKTMO Code: 03657101) – in connection with my child's (ward's) participation in the International Festival of Students’ Project and Research "International Scientific and Practical Festival of the First Lobachevsky".

|  |  |  |
| --- | --- | --- |
|  | *I give consent* for processing of parent’ (legal representative’) personal data | *I do not give consent* for processing of parent’ (legal representative’) personal data |
| **General Personal Data of Student’s parent (legal representative):** |
| First name, Patronymic (if applicable), Last name |  |  |
| Details and information of identity document |  |  |
| Registration address and actual residence address |  |  |
| Email Mobile |  |  |

**The fact of consent or dissent for each item is indicated by the parent's (legal representative's) handwritten mark in the appropriate column.**

**Validity period of the Consent: 1 (one) year from the date of signing this Consent.**

**I hereby confirm that by providing this Consent, I have read the above, and I am acting of my own free will, in my own interests and in the interests of the student.**

**Date of consent provision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_202\_**

**/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**

**(Signature) (Name)**

**Form 2**

**CONSENT**

**for the processing and dissemination in public access of the student's personal data, authorized by the student's parent (legal representative) for dissemination**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Surname, Given Name, Patronymic (if applicable) of the parent (legal representative))

Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Series, Number) (Issuing Authority, Date of Issue)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Postcode, Region, Locality, Street, Building, Block, Litera, Apartment/Room)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Phone number:

Email:

being the parent (legal representative) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Surname, Given Name, Patronymic (if applicable) of the student)

hereby provide to the operator processing and disseminating the student's personal data – Lomonosov Moscow State University, and Lobachevsky First University Lyceum (a branch of Lomonosov Moscow State University, hereinafter referred to as the "Lyceum"), located at: 20 Maria Ovsyannikova Street, Ust-Labinsk, Krasnodar Krai, 352330, Russia (Taxpayer ID (INN): 7729082090, Tax Registration Reason Code (KPP): 237343001, OKTMO Code: 03657101) – in connection with my child's (ward's) participation in the International Festival of Students’ Project and Research "International Scientific and Practical Festival of the First Lobachevsky" for the purpose of organizing the educational process in accordance with Article 9 of the Federal Law No. 152-FZ "On Personal Data",

|  |  |  |
| --- | --- | --- |
|  | **MY CONSENT for the processing and dissemination of personal data** | **I DO NOT GIVE CONSENT****for the processing and dissemination of personal data** |
| **General personal data of the Student:** |
| **Surname, Given Name, Patronymic (if applicable)** |  |  |
| **Date of Birth / Age / Grade** |  |  |
| **Photographs, audio and video recordings with their participation** |  |  |
| **City and region of residence** |  |  |
| **Information on achievements, awards, participation in competitions** |  |  |

**The fact of consent/dissent for each item is indicated by the parent's (legal representative's) handwritten mark in the appropriate column.**

**I establish the following additional conditions and prohibitions for the dissemination of the student's personal data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**This consent for the processing of personal data is effective from the moment of its provision for a period of 1 (one) year. The consent may be revoked in whole or in part at any time by means of a written application submitted by the parent (legal representative) to the Lyceum.**

Validity period of the consent: from the date of signing this Consent.

Information on the information resources through which access for an unlimited number of persons, dissemination of personal data, and other actions with the personal data of the subject will be provided:

* 1. The official website of the Lyceum on the Internet: <https://ul-lyceum.ru/> and social networks: VKontakte community https://vk.com/ullyceum, Telegram group <https://t.me/ul_lyceum>.
	2. Information platforms of the Lyceum's partners.
	3. Print and promotional materials (banners, magazines, brochures, calendars, methodological literature, etc.) produced by the Lyceum or by third parties on its order, for information support and promotion of the Lyceum's activities.
	4. Mass media.

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby confirm that by providing this Consent, I have read the above, and I am acting of my own free will, in my own interests and in the interests of the student.

Date of consent provision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_202\_.

/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(Signature) (Name)

**Form 3**

**CONSENT**

**of the parent (legal representative) for the processing**

**of the student's biometric personal data**

**(When visiting the Lyceum)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Surname, Given Name, Patronymic (if applicable) of the parent (legal representative))

Phone number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Mail address(es)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Postcode, Region, Locality, Street, Building, Block, Apartment/Room)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

being the parent (legal representative) of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Surname, Given Name, Patronymic (if applicable) of the student)

hereby express my will regarding the biometric data (i.e., data that characterizes the physiological and biological characteristics of a person, on the basis of which his/her identity can be established) of my child (ward) to the operator processing and disseminating the student's personal data – Lomonosov Moscow State University, and Lobachevsky First University Lyceum (a branch of Lomonosov Moscow State University, hereinafter referred to as the "Lyceum"), located at: 20, Maria Ovsyannikova Street, Ust-Labinsk, Krasnodar Krai, 352330, Russia (Taxpayer ID (INN): 7729082090, Tax Registration Reason Code (KPP): 237343001, OKTMO Code: 03657101) – in connection with my child's (ward's) presence on the territory of the Lyceum, the security system of which is organized using an access control regime and an automated access control and management system for the purpose of the correct operation and identification of my child (ward) in the access control and management system in accordance with Articles 9, 11 of the Federal Law No. 152-FZ "On Personal Data" dated July 27, 2006.

|  |  |  |
| --- | --- | --- |
|  | **I GIVE CONSENT for actions with personal biometric data**  | **I DO NOT GIVE CONSENT for actions with personal biometric data** |
| Collection |  |  |
| Recording |  |  |
| Storage |  |  |
| Systematization |  |  |
| Updating and modification as necessary |  |  |
| Use for the stated purposes |  |  |
| Depersonalization |  |  |
| Transfer to third parties for the stated purposes |  |  |
| Blocking, deletion, destruction |  |  |

**The fact of consent/dissent for each item is indicated by the parent's (legal representative's) handwritten mark in the appropriate column.**

I establish the following additional conditions and prohibitions for the dissemination of the student's personal data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**This consent may be revoked in whole or in part at any time by means of a written application submitted by the parent (legal representative) to the Lyceum.**

Validity period of the consent: 1 (one) year from the date of signing this Consent.

I have been explained the provisions of Article 11 of the Federal Law No. 152-FZ "On Personal Data", according to which the provision of biometric personal data cannot be mandatory, except in cases provided for by the current legislation of the Russian Federation.

I hereby confirm that by providing this Consent, I have read the above, and I am acting of my own free will, in my own interests and in the interests of the student.

Date of consent provision: \_\_\_\_\_\_\_\_\_\_202\_.

/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(Signature) (Name)