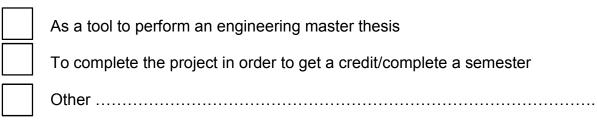
	Date:
First name and last name:	
E-mail:	
Phone number:	
The name of the university:	
Field of study:	
Year of Study:	

Student's statement

I am asking for the educational license for the program/programs

..... for the period of 365 days.

The program/programs will be used only:



Student's signature

I hereby agree to the processing of my personal data by SANKOM Sp. z o.o. with headquarters in Warsaw at ul. Popularna 4/6 lok 6 included due to the submission and execution of the order in accordance with the Act of 29.08.1997 (uniform text in the Journal of Laws of 2002, No. 101, item 926, as amended). I agree to share my data with a third party in order to implement the above-mentioned orders.

I hereby certify that I have been informed about the right to an access at any time to the collected data and the possibility of correcting or requesting removal as well as voluntary consent to data processing.

Student's signature

Promoter's statement

I confirm that Mr/Mrsis a student

.....

I also confirm that the program will be used for educational purposes.

Promotor's signature

A completed and signed declaration should be sent:

- in electronic form (scan) - to the address sprzedaz@sankom.pl, or

- to the following address: SANKOM Sp. z o.o. ul. Popularna 4/6 lok.6, 02-473 Warsaw.