First name and Family name: …………………..……………………..

University programme and Year of studies:

E-mail address: ................................................................

Telephone number: ……………………………...................

Date of signing: ……………………………………….

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Obraz zawierający tekst, zrzut ekranu, list, Czcionka

Opis wygenerowany automatycznieI hereby declare that I will use all educational materials received from the JU Accessibility Centre in electronic format exclusively for my personal needs related to the university programme I pursue.

Well noted and accepted (Student’s signature):

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Signature of the person who has made the Student familiar with the contents of this document:

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