# I Z J A V A

# S T A T E M E N T

Spodaj podpisani/a _____ , rojen
The undersigned _____ , born on _____,
ime in priimek vlagatelja / name and surname — datum rojstva / date of birth

stalni naslov
permanent address _____,
stalni naslov / permanent residence address

s to izjavo Javnemu štipendijskemu, razvojnemu, invalidskemu in preživninskemu skladu Republike Slovenije dovoljujem, da poizveduje in pridobiva vse podatke o mojem študiju in statusu, vključno s finančnim, pri:

hereby authorise the Public Scholarship, Development, Disability and Maintenance Fund of the Republic of Slovenia to inquire and obtain all information about my studies and status, including financial information, from:

_____
izobraževalna institucija / educational institution

To dovoljenje velja v postopku dodelitve štipendije za študij na zgoraj navedeni izobraževalni instituciji v okviru 220. ***Javnega razpisa štipendij Ad futura za študij v tujini za leto 2017*** ter v času veljavnosti pogodbe o štipendiranju mojega študija na tej instituciji, če mi bo štipendija odobrena.

This permission is given for the process of the awarding of the scholarship for study at above stated educational institution under the 220. Call for Applications of ***Scholarships for study abroad Ad futura for the year 2017*** as well as for the duration of validity of my scholarship contract, should the scholarship be granted to me.

_____ , _____ _____
kraj / place — datum / date — podpis / signature

natisni