



IZJAVA

STATEMENT

Spodaj podpisani/a
The undersigned

_____, rojen/a _____, 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 **271. Javnega razpisa štipendij Ad futura za študij v tujini za leto 2019** ter v času veljavnosti pogodbe o štipendiranju mojega študija na tej instituciji, če mi bo štipendija odobrena.

This permission is given for the administrative procedure of awarding scholarship for study at above stated educational institution under the **271. Call for Applications for Ad futura Scholarships for study abroad for the year 2019** 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