Consent to submit application for special educational support

I confirm by signing the declaration, that I agree with the content of the application regarding:

That the SPS administration at the University of Copenhagen (SPS-ADM), on my behalf from this date and on an ongoing basis throughout my Study Programme, is entitled to apply for the kind of support and relevant aids, that we have agreed upon in relation to my functional impairment at the National Agency for Education and Quality.
The agreements on the content of the specific application(s) has been entered either by the SPS-interview and/or by a follow-up (either written or oral correspondence) with the SPS-ADM regarding my support requirements and any changes. Any oral agreements are subsequently confirmed by email from the SPS-ADM.
I also grant my permission for the SPS-ADM to forward necessary and relevant documentation, that I have submitted in connection with my application for Special Educational Support, to the external providers, that will provide the kinds of support that I need. The SPS-ADM will forward my documentation through secure connections.

My place of education can apply for special educational support to the National Agency for Education and Quality on my behalf in accordance with the content of the application.

I have received the document "How the National Agency for Education and Quality processesinformation about you".

I am informed that the National Agency and the Agency's suppliers of SPS services are handling information on my health and medical history, relevant to the application pursuant to Article of the Data Protection Regulation 9 (2) (b), complying with my rights under the Danish social law.

The declaration of consent is part of the application.

Place of education:

The University of Copenhagen

Name and CPR-number (social security number) of the applicant:

Name of custodian or legal guardian (if under age):

Date and signature: