

REQUEST

For cancellation of registration

Lithuanian National Union of Students
(Lietuvos studentų sąjunga)
A. Vivulskio g. 36, 2 a.
03114 Vilnius



LSP

pagalba@lsp.lt
+370 5 2685330

Date _____

Name	Surname
Personal number	Telephone number
Email address	
Higher education institution or research institute	

Please cancel my registration in the LSIC system and allow me to re-register myself.

Reason for requesting cancellation of registration	
Personal number provided during registration	
Email address provided during registration	
Student name, surname, signature	LSS representative name, surname, signature
	ID of cancelled registration