Institute of Mathematics and Computer Science,
University of Latvia
Network Solutions Department (NIC.LV)
Raina bulv. 29,
Riga, LV-1459, Latvia.

_____
Full Name

_____
ID

_____
Address

_____
Telephone

_____
E-mail

APPLICATION

request to disable 2FA

I, _____ , starting from ____.____._____, wish to disable 2FA for
        (Name, Surname)   (dd.mm.yyyy)

my NIC.LV online systems username _____.
                                        (username)

Application signed in: _____,   _____
                (Place)   (Signature)

____.____._____
(ddd.mm.yyyy)