Łódź (date)…………………………

*…………………………………………………………..*

(Student’s name and surname)

……………………………………………………………

(field of study and year of studies)

……………………………………………………………

(student’s album number)

……………………………………………………………

(series and number of identity card)

…………………………………………………………….

(address)

**AUTHORISATION**

I hereby authorize …………………………………………………………………..…… resident in…………………………….. …………………….………..……………………………………………………………………………………………………………………….

 (name and surname, degree of kinship)

……………………………………………………………………, series and number of the identity card………………….. …………………..………………………………………………………………………………………………………………………………….

PESEL ………………………………………………………………….

to receive (write down what is going to be collected)……………………………………………………………from the Student’s Office of the faculty of International and Political Studies on my behalf.

 ………………………………………………………….

(student’s signature)

I hereby declare that the signature has been made in my presence.

Łódź on ………………………………………

………………………………………………………….

 (signature and personal stamp of Student’s Office employee)