1398040000.450.6.

Lodz, .......................................

(date)

 .................................................................................
(Student’s name and surname)

 .................................................................................
 (Student identification number)

..................................................................................
(Field of study, major)

..................................................................................
(Year of study, course of study)

 **Vice-Dean for Student Affairs**

**Faculty of International and Political Studies**

**APPLICATION FOR A STUDENT ID CARD DUPLICATE**

I declare that student ID no....................................... issued for the name ............................................ has been damaged, lost, stolen and it cannot be found / data has changed\*

................................................................................................................................................................... .........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

...................................................................................................................................................................

 (state the circumstances of the event)

In connection with the above statement, I am asking for a student ID card duplicate.

If I find the above-mentioned document, I undertake to return it immediately

to the Student Services Office of the Faculty of the International and Political Studies.

I am aware that I am fully responsible for the compliance of the compliance of the submitted declaration with the facts.

I am enclosing the confirmation of the fee in the amount of .......................................

 .............................................................

 (Student's signature)

Account number for payment for the ID card duplicate PLN 33 PLN:

**87 1240 3028 1111 0010 2942 9504**

**Resolution:** I consent / do not consent \* to the issuance of another ID card.

\*delete as appropriate

 .......................................................................

 (date and signature of the Vice-Dean)