Authorization\*

**I, the undersigned,**

…………………………………………………………………………. [full name of as it figures in official identification documents]

Date of birth [day/month/year]: ………………………………………………………………………….

Full name of mother, given to her at her birth: ……………………………..............................................

Permanent address: ………………………………………………………………………………………

**hereby authorize**

……………………………………………………………………………[full name as it figures in official identification documents]

Number of personal identification document: …………………………………………………………...

Permanent address: ………………………………………………………………………………………

to pick up my

**diploma** and **supplement**

from the relevant administrative unit of Eötvös Loránd University in Budapest.

This authorization is valid until [day/month/year]: ……………………………………………………...

**…………………………………..** **………………………………….**

**Signature of the student**

**giving the authorization** **Signature of the person authorized**

|  |  |
| --- | --- |
| **Witness No.1** Name:  ID number.:  Address:    **…………………….………………………….**  **Signature of Witness No.1** | **Witness No.2** Name:  ID number.:  Address………………………………………...….    **Signature of Witness No.2** |
|  |  |

**Date [day/month/year] …………………………………………………………………………………**

\*The form to be submitted must bear all **signatures** in original **hand-writing** and in **blue ink**, also in case it is completed electronically. The completion of all fields is compulsory.