

Wroclaw, Date

.....
Name and surname

.....
Field of study, Year of study

.....
Student identification no.

.....
Mobile phone, e-mail

Authorisation letter to collect the Diploma with Diploma duplicates and Diploma Supplement

I hereby authorise Ms/Mr

..... the
holder of an ID card/passport series, no.

..... to collect the Diploma issued under
my name with a set of Diploma duplicates and the Diploma Supplement.

.....

Student's signature

.....

Signature and name stamp of the Employee