

Kraków, date:

.....
(full name of the student/graduate)

.....
(student ID number, programme of studies)

Authorization to collect the higher education diploma with its official copies and the supplement*

I hereby authorize Ms/Mr**

.....
holding the identity document/passport**

series, number:

to collect the higher education diploma with the set of official copies and the supplement issued in my name.

.....
Full name and the signature of the applicant

This authorization was signed in the presence of the employee of***

....., by Ms/Mr**

.....
holding the identity document/passport**

series, number:

.....
Signature and name stamp of the employee

* the authorization must be submitted in person at the office of the unit responsible for issuing the diploma, allowing for the JU employee to certify the authenticity of the signature of the person granting the authorization. Alternatively, the signature may be certified as authentic by the notary public

** delete as appropriate

*** please enter the name of the unit issuing the diploma